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ABSTRACT

The 10 author-contributed papers were given at a 1974 conference on the roles, problems, and skills of school psychologists and special education teachers who serve as consultants to facilitate the mainstreaming of handicapped children. The first section contains four case studies focusing on student behavior change (S. Deno), the Vermont consulting teacher program (A. Egner), a systems approach to improving teacher effectiveness in Houston (B. Dollar and R. Klinger), and improving a school organization's effectiveness through coordinate status consultation (R. Johnson). Reviewed in the second section are five different theoretical models of the consultation process: the triadic model (R. Tharp), a systematic eclectic approach (D. Blocher), a process model (A. Brokes), a collaborative model based on mental health principles (R. Cohen), and developmental constructs in school settings (V. Faust). In the third section, a school administrator (G. Young) discusses effective consultation models from a consumer's point of view. Each paper is preceded by an introductory section emphasizing salient points and is followed by an edited report highlighting major issues of the ensuing discussion. Biographical information about the authors is offered in the final pages. (LH)

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M.C. Reynolds & M.D. Davis (Eds.) *Exceptional children in regular classrooms.* Minneapolis, MN.: Dept of Audio-Visual Ext., Univ. of Minnesota, 1971.

M.C. Reynolds (Ed.) *Psychology in the schools: Proceedings of the conference on psychology and the process of schooling in the next decade.* Minneapolis, MN.: Dept. of Audio-Visual Ext., Univ. of Minnesota, 1971.

M.C. Reynolds (Ed.) *Special education and school system decentralization.* Minneapolis, Minn.: Leadership Training Institute/Special Education, University of Minnesota.

With The Council for Exceptional Children

E.N. Deno (Ed.) *Instructional alternatives for exceptional children.* Reston, VA: The Council for Exceptional Children, 1973.

S. Thiagarajan, D.S. Semmel, & M.I. Semmel. *Instructional development for training teachers of exceptional children: A sourcebook.* Reston, VA: The Council for Exceptional Children, 1974.

J.W. Birch. *Mainstreaming: Educable mentally retarded children in regular classes.* Reston, VA: The Council for Exceptional Children, 1974.

W. Hively & M.C. Reynolds. *Domain-referenced testing in special education.* Reston, VA: Council for Exceptional Children, 1975.

In Press

R.A. Weinberg & F. H. Wood (Eds.) *Observation of pupils and teachers in mainstream and special education settings: Alternative strategies.* (Spring 1975)

Psychological Consultation: Helping Teachers Meet Special Needs

Editor:

Clyde A. Parker

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For the highly successful conference which led to the production of this report, I am indebted to the staff of the Leadership Training Institute/Special Education, and especially to Karen Lundholm and Bonnie Warhol.

The conference was held June 10-12, 1974 at the Spring Hill Conference Center, Wayzata, Minn.; the staff of the Center were most cooperative and helpful in providing for the comforts of the participants in and out of the meetings.

The entire proceedings of the conference were taped by Peter Hodne who deserves far more acknowledgement for his dedication than this notice.

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Minneapolis, Minnesota 1975

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Foreword

One implication of mainstreaming is that teachers who have been trained to work exclusively with children with exceptional educational needs will do so less often in isolated situations. Rather, they will work in collaboration with regular classroom teachers in regular classroom settings. From the experiences of the exceptional children projects funded under the Education Professions Development Act and other evidence, it appears that the formerly self-contained special education teachers must now share their expertise with regular classroom colleagues because both will carry the responsibility for the education of exceptional children.

The role delineated for the special education teacher under mainstreaming conditions, consequently, is significantly different from the traditional one. The new role requires special education teachers not only to provide instruction to children with special needs but, also, to share their knowledges, skills, and insights with regular classroom teachers through the process of consultation. For the process to be successful, special education teachers must work in regular classrooms and serve exceptional children indirectly through the regular classroom teacher rather than directly, as in self-contained classrooms. This sharing of skills—consultation—requires the formerly self-contained special education teachers to mainstream themselves in the mainstreaming process.

However effective a teacher may be as a teacher of children, it cannot be assumed that (s)he will also be an effective consultant to other teachers or able and willing to use consultants properly. Effectiveness in either role is achieved only through training. Since consultation in the classroom is a two-way process, regular classroom teachers also must share their skills, knowledges, and insights.

Experience has demonstrated that for the consultation role of the special education specialist to be effective, administrative support must be present. The responsibility for this support rests primarily with the building principal. Administrative support must go beyond merely monitoring the consultative and collaborative services in the regular classroom. As the instructional leader in the school building, the principal must become a participant in the services and a resource for both the regular classroom teacher and special education consultant.

As a consultant, the special education teacher must provide many different kinds of services in the regular classroom. In addition to supplying diagnostic services, writing educational prescriptions, recommending instructional approaches, and performing direct instruction, (s)he must serve as a resource to the regular classroom teacher for available curriculum and instructional materials. Also, she must be knowledgeable about community services which can be brought in to help remedy children's learning and behavior problems. Since the instructional program that the consultant and the teachers agree upon may require several modifications to meet the specific needs of a child, the consultant must observe the resulting instruction as well. Training is a key factor in all of these activities: training for the regular classroom and special education teachers in consultation, and training for the building principal to be an instructional leader in the collaborative approaches to educating exceptional children in the mainstream.

In this publication, the Exceptional Children's Program of the Bureau of Adult and Occupational Education and the Exceptional Children Leadership Training Institute (Leadership Training Institute/Special Education) have attempted to relate the expertise of theoreticians and general practitioners of the arts of consultation, and personnel in the field of special education. We hope that this report will have an impact on the literature and, through training programs, the practise of special education as special educators work toward the fuller accommodation of exceptional children in mainstream school settings.

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Contents

1 . . . . . **Introduction**

The Practise of Consultation: Four Cases

9 . . . . . *The Case of Brad*
11 . . . . . Brad and Ms. E.: A Consulting Problem in which Student Behavior Change is the Focus . . . *Stanley L. Deno*
17 . . . . . *Discussion*
29 . . . . . *The Vermont Consulting Teacher Program*
31 . . . . . The Vermont Consulting Teacher Program: Case Presentation . . . *Ann Egner & B. J. Lates*
54 . . . . . *Discussion*
63 . . . . . *A Systems Approach to Improving Teacher Effectiveness*
65 . . . . . A Systems Approach to Improving Teacher Effectiveness: A Triadic Model of Consultation and Change . . . *Barry Dollar & Ronald Klinger*
82 . . . . . *Discussion*
94 . . . . . Epilog: After the Fall . . . *Ronald Klinger*
103 . . . . . *Coordinate Status Consultation*
105 . . . . . Improving Effectiveness of a School Organization through Coordinate Status Consultation . . . *Richard A. Johnson*
123 . . . . . *Discussion*

The Theory of Consultation: Five Models

133 . . . . . *The Triadic Model of Consultation*
135 . . . . . The Triadic Model of Consultation: Current Considerations . . . *Roland G. Tharp*
152 . . . . . *Discussion*
155 . . . . . *A Systematic Eclectic Approach to Consultation*
157 . . . . . A Systematic Eclectic Approach to Consultation . . . *Donald H. Blocher*
176 . . . . . *Discussion*
183 . . . . . *A Process Model of Consultation*
185 . . . . . A Process Model of Consultation . . . *Al Brokes*
204 . . . . . *Discussion*
209 . . . . . *Co-Professional Collaboration*
211 . . . . . Co-Professional Collaborative School Consultation Model . . . *Raquel Cohen*
225 . . . . . *Discussion*

227. . . . .*Developmental Consultation*
229. . . . .Developmental Consultation in School Settings . . . *Verne Faust*
245. . . . .*Discussion*

The Uses of Consultation: A Perspective

249. . . . .*A Consumer's Point of View*
251. . . . .Effective Models of Consultation in the Schools: A Consumer's Point of View . . . *George P. Young*
263. . . . .*Discussion*

267. . . . .**Conference Participants**

Introduction

Psychological consultation is a relatively new concept in the public schools. Basically, it is a process for the delivery of services to pupils through teachers and other school personnel. In the process of consultation, professional psychologists "give" their expertise to classroom teachers to enable them to resolve the social, emotional, and learning problems of children who need help. Such consultation has become an important support in mainstreaming programs; it provides regular teachers with the skills and techniques needed to maintain exceptional children in classrooms with their non-handicapped peers.

In the conference reported here, a major emphasis was given to the different kinds of psychological consultation which are used sucessfully in school systems. Some of the major problems that arise when psychologists attempt to consult with teachers were explored in depth and many of the key issues were identified and discussed. The result is the set of papers presented here in which the issues are clarified and some provocative resolutions are offered.

The use of psychology in the schools is not new. For at least the past two decades the public schools have been major consumers of psychological services, especially of those provided by three types of professionals: school psychologists, school counselors, and special education teachers. In the traditional performance of their respective roles, the professionals delivered their services directly to children: the school psychologist and school counselor in private offices and the special education teacher in an isolated classroom. None of the professionals has been accustomed to working with regular classroom teachers. Yet it is the regular classroom teachers who create the climate for learning and living in the school system and it was they who usually referred children out of the classroom for psychological services.

Direct service, either in the form of one-to-one therapy or special classrooms for exceptional children, permitted specialists to reach only a limited number of pupils. The source of the problem was the inability of professional programs to train enough specialists to meet the demands for service. In seeking ways to maximize the use of available professionals, psychologists came to recognize that persons with limited formal training in psychology were able to assist many individuals in the solution of problems formerly thought to be the exclusive province of specialists. Many persons indigenous to a particular subculture also had high success rates within the subculture despite their lack of psychological training. Indeed, experience has shown that psychologists who are unaware of the culture of a group, organization, or institution are often in conflict with that culture in their attempts to provide help. Thus, it has been recognized that earlier forms of direct psychological help are inadequate by themselves under certain circumstances. The result has been a movement in the profession generally to "give psychology away"; out of this movement has grown the psychologically based but system oriented process known as consultation. The purpose of the consultation is to increase the day-to-day effectiveness of such persons as paraprofessionals, clergymen, teachers, school and business administrators, and parents.

The papers in this report deal with the particular problem of consultation in the schools and, specifically, with the problem of providing special education services to exceptional children in regular classrooms. Since 1972, both courts and state legislatures have been mandating the mainstreaming of exceptional children, that is, the inclusion of all exceptional children except the most severely handicapped in regular classrooms with their non-handicapped peers. Because few regular classroom teachers are trained in special education, the success of mainstreaming exceptional children depends on the amount and kind of assistance professional special education teachers can provide their regular classroom colleagues. Thus, in successful mainstreaming programs, the special education teacher has become a resource for or a consultant to the regular classroom teacher. The latter carries the responsibility for the actual instruction of exceptional children using the skills and techniques taught her/him by the special education consultant.

The changes from direct service to consultation have demanded new skills from the psychological specialists working in the schools. However, the literature and programs currently available to teach such skills are limited. This conference was organized to stimulate the development of such programs. It provided a means of identifying the concepts and skills of consultation, discussed their applicability in the real world of the consultant, and, with this report, provides a partial literature for the training of future consultants.

Special Problems of the Consultant

The conference highlighted some of the critical factors in consultation from the perspectives of the regular and special education teachers. (a) The consultant is working with individuals who do not possess the same skills and expertise. The classroom teacher knows little if anything about the management of instruction for exceptional children or what to expect of them in the way of classroom behavior. Nor does (s)he know how to interpret the many behaviors which ordinarily would be classed as problem or deviant. (b) The classroom teacher has multiple responsibilities that go far beyond working out a particular strategy for one or two special students. (S)he not only must engage in the development of such strategies but must manage the day-to-day educational activities of 30 or more other students. (c) Status problems and feelings of inadequacy arise when an expert, however labeled, comes into the classroom to assist the regular teacher. The consultant, therefore, must know how to overcome the anxiety and defensiveness that is inherent in such situations. (d) When several teachers must cooperate in working with exceptional children and their activities must be coordinated, consistency in the approach is a problem.

As consultants, special education teachers are venturing into what for them are uncharted waters. Trained to function as independent teachers, special educators have been accustomed to the safety of special classes. There, they knew what they were capable of doing and what needed to be done, and they could apply their knowledge directly in the best and most skillful way they knew. In sum, they were in control of the process and its effectiveness. As a consultant, however, the specialist is no longer in control of the actual delivery of the service. (S)he must work through or with an intermediary. The person making the direct application to the pupil of the knowledge and skills possessed by the specialist is no longer the specialist.

A question that arose during the conference was, "Who is the consultant's client?" Is it the child who is the ultimate recipient of the consultant's skills and knowledge? Or the regular classroom teacher with whom the special education teacher consults to supply the skills needed for use with the child? The question is an important one for special educators who have long regarded themselves as the primary advocates of exceptional children. As consultants, however, they must concentrate on providing skills and knowledge to intermediary teachers rather than direct services to the exceptional children. The shift in emphasis often creates problems in the consultation process.

Skills for Consultants

The identification of differences between the special education teacher as a special classroom teacher and the special education teacher as a consultant suggested the necessity for new and different skills for the consultant as opposed to the teacher or clinician. These skills can be subsumed under four headings: assessment, negotiation, treatment, and teaching.

1. In assessment, the clinician or special education teacher has the advantage of directly observing the person needing services and "reading" the verbal and nonverbal cues so gathered. These cues, including those from formal assessment devices, are processed through her/his personally calibrated internal computer. There is only one filter through which the assessment is processed, only one internal calibration that leads to the selection of the treatment procedures.

By contrast, the consultant has two choices: to recommend treatment on the basis of the consultee's assessment of the pupil, or to arrange for an independent assessment prior to recommending treatment. In the first choice, allowance must be made for the new filter—the consultee—through which the data are processed. Consequently, the consultant must have the additional skill of deciphering and decoding the consultee's filter, of differentiating between what the consultee reports and what was observed. In effect, the consultant must calibrate the consultee. In addition, (s)he must teach the consultee what to look for in the child to make sure that essential elements are not overlooked. In the second choice, making a first-level diagnosis, the consultant must be able to translate the personal formulation of the problem into language which the consultee can use. This procedure requires the skill of simplifying the diagnosis and selecting out that limited portion of the problem which can be clearly communicated to and handled by the consultee. At first, both procedures are less efficient. However, as consultant and consultee work together, this loss is turned into gain by the multiplier effect of several persons doing the work formerly done by one clinician.

2. Since the consultant and consultee have different backgrounds (expertise, values, goals, and perceptions), a major part of consultation is the negotiation between them. Although they may agree on the assessment of the problem they may still differ on the goals to be achieved. Even with agreement on the problems and goals, the difference in expertise between the two still necessitates negotiation about the process to be employed by the consultee. The consultant's ability to negotiate resolutions of such differences is critical to success.

3. If treatment is defined as the process of bringing about change in the child needing help, then the consultant, as opposed to the clinician or special education teacher, is again at a disadvantage in that (s)he must work the "magic" through the consultee. At first, the consultant does not know enough about the consultee to "trust" or predict the result of suggestions or instructions. (S)he is unable to determine the effectiveness of her/his work except by observing the

impact upon the student. The consultee, who may be more of an unknown factor than the child, is a source of anxiety in the consulting relationship. How is this anxiety overcome? By a set of skills in which few psychologists have been specifically trained: teaching.

4. The teaching function, in many ways, is the key difference between the work of the consultant and that of the clinician. The consultant must be able to teach the consultee to do what the specialist can do. This function requires the consultant to conceptualize her/his skills and to determine how best to teach them to a person who has neither the background, expertise, nor time to learn them as the consultant did. A difficult task indeed! Nevertheless, it is a critical skill for the consultant.

Recognition of the teaching function in consultation brings to the fore one element which was discussed throughout the conference: Adequate consultation requires not only consultation process skills, but expert knowledge of the particular problem as well. Some common consultation *process* skills probably cut across many areas within which a consultant may be asked to work, such as the management of educational programs for handicapped children, administrative organization, marital problems, psychological development, or career development. These content areas are often the substance of what the consultant must teach if the consultee is to be effective in the delivery of "treatment." Some evidence was presented at the conference that the distinction between process and content expertise is often overlooked or blurred. This distinction is extremely important if the consultant is not to assume that because (s)he is successful in working with teachers on special education problems, (s)he is also qualified to consult on organizational and administrative problems.

The complexity of the consultant's task can be summed up briefly in two ways: The consultant to the classroom teacher or school administrator does not have the same working environment nor, consequently, the same set of problems with which to cope. The relative freedom of the consultant from the constraints of the everyday work situation is one source of her/his power to help, but this same freedom is also a source of blindness in her/his attempts to help. It is also true that the consultant works on more difficult ground than her/his clinical counterpart. (S)he must work through an intermediary who does not possess her/his skills of either analysis or treatment. As a result, a consultant is required to have three new skills: "reading the reader"; "negotiating a contract"; and "teaching the teacher"—skills with which most clinicians and special education personnel have not been equipped by training.

The Conference Context and Format

To avoid the sterility of considering only abstract theoretical models of consultation and the consultation process, the conference was organized around four case studies of actual consultation in special education programs, and the discussion of the cases by five consultant theorists and a school administrator—a consumer of consulting services. Each of the four cases was an example of an attempt to mainstream exceptional children. Because the move from special classes for the handicapped to mainstreaming involves changes in the entire system, the following examples were sought: a case in which the focus is on an individual teacher working with an individual student; a case in which a group of teachers work with an individual student; a case in which large numbers of teachers are trained in new approaches to teaching handicapped students; and a case in which the processes directed at effecting administrative changes in the entire system are illustrated. Unfortunately, none of the four cases presented clearcut distinctions among the types of consultation it had been desired to illustrate.

The five theorists invited to participate in the conference were known to have conceptualized models of the consultation process. In addition to taking part in the discussions of the cases, each made a presentation of her/his model of consultation from the vantage point of the conference cases. The final speaker, the consumer of consulting services, reacted to both the cases and the theories of consultation from his point of view. All participants prepared formal papers after the conference.

The format seemed to have been successful; several of the participants reported on the degree to which they had been stimulated to think and rethink their models. The effect is most noticeable in Tharp's paper in which frequent references are made to both the cases and the theoretical models. The degrees to which others altered and modified their thinking can be ascertained only by comparing the papers presented here with other published materials by the same writers.

The Report

The presentation in this report follows that of the conference: The four cases are presented first and then the five theory papers and that of the consumer. Each case presentation and theory paper is preceded by an introductory section in which the main points of the paper and discussion section are emphasized, and is followed by a shortened and edited report of the ensuing discussion in which the major issues are highlighted. In many of the discussion periods, the questions, comments, and responses clarify and expand not only the presenters' concepts but the concept of consultation itself.

Deno presents a case in which a special educator tried to act as a consultant to an individual regular classroom teacher who was concerned about the problems of one child in the classroom. The process was complicated by a number of variables that epitomize the difficulties of consultation.

Egner and **Lates** describe the consulting teacher program in Vermont. Special education consultants work with individual teachers to maintain exceptional children in regular classrooms. The presenters describe some instances in which more than one consultant and a parent are involved in providing the child with services.

Dollar and **Klinger** describe the Houston Plan as it functioned prior to August 1974. Large numbers of regular classroom teachers were trained in new approaches to the teaching of handicapped children through learning centers which may be said to have employed consultative techniques. Houston is under legislative mandate to provide special education services to handicapped children without recourse to special classes except under extraordinary circumstances. The Houston Plan was the Houston Independent School District's response to the mandate. Since August 1974, however, the Plan has been reorganized and certain features have been eliminated. In a post-conference epilog, Klinger discusses the reorganization of the school system. He also discusses the change strategies involved in the original Plan and their relative effectiveness.

Johnson, describing his experiences with the Boston school system, presents a case in which the consultation process was directed at effecting administrative changes in the entire system to accord with a legislative mandate to mainstream exceptional pupils.

The five theorists (Blocher, Brokes, Cohen, Faust, and Tharp) each represent a different theoretical point of view on consultation. **Blocher's** model is eclectic; **Brokes's** model differentiates sharply between process and content; **Cohen's** model is based on mental health principles; **Faust's** model depends on developmental constructs; and **Tharp** presents his triadic model of consultation and change. The final paper is by **George Young**, Superintendent of Schools (St. Paul, Minn.). He is given the last word in recognition of the fact that consultants, after all, are interested in developing models and processes with qualities which are desired by consumers. His paper presents one set of criteria by which consultants can judge their effectiveness.

It is hoped that this conference report will be of value to teacher trainers whose graduates will be employed in school systems that adhere to the policy of mainstreaming exceptional children. Professionals who are faced with requests to provide consultation or who wish to prepare themselves for such work should also find much of interest in this report. The different points of view presented here are informative for potential consultees who wish to know how a consultant is most likely to proceed and why. Basically, however, this report is envisaged as a useful addition to the libraries of special education teachers, counselors, and school psychologists who view their roles as assisting classroom teachers to work more effectively and humanely with their pupils.

Clyde A. Parker
University of Minnesota

The Practise of Consultation: Four Cases

The Case of Brad

Exciting and productive as consulting can be, it also can be frustrating and defeating. The case of Brad illustrates such an outcome. It was presented by Deno to highlight the critical functions of a consultant. In the ensuing discussion period, participants were plunged into the identification of the range of factors which must be considered and mastered if consultation is to be successful. Some of the questions which surfaced are as follows:

What does a consultant do in the face of divergent professional opinions about the nature of a problem?

What are the relative values of educational and mental health diagnoses?

How does one build a team of teachers and special resource persons to work together rather than at cross purposes?

How does a consultant manage his many roles as consultant, trainer, facilitator, and problem manager?

What are the tools available to the consultant?

Who is in a better position to consult in the schools: a consultant who is brought in from the outside or one who is a permanent member of the staff?

In a school building, who is the client—the child? the teacher? or the principal?

Some of the questions were raised and discussed many times during the course of the conference. In particular, the question of who is the consultant's client received extensive consideration after the presentation of Dollar and Klinger's paper.

Brad and Ms. E.: A Consulting Problem in which Student Behavior Change is the Focus

Stanley L. Deno
University of Minnesota

I became involved with this case while I was trying to assist the development of a special education resource program for exceptional children at an inner-city elementary school of about 550 students. I was the resident practicum instructor for a group of interns from the Special Education Resource Teacher (SERT) Training Program of the Department of Special Education at the University of Minnesota. My responsibilities included modeling the consultative activities of a SERT.

The new resource program was designed to provide education for exceptional children in regular classrooms without special regard for handicap labels. The primary goal of the program is to increase the degree to which exceptional children can function successfully in the general education mainstream.

Special education teachers who had formerly been assigned to teach children in a particular category of handicap, either in special classes or resource rooms, now could team with regular class teachers to serve whatever exceptional children were in the regular classrooms. The resource teachers, who could use both direct instruction to the children and consultation with the teachers, as dictated by individual needs, were the key to successful programing for individual children. It was as a resource teacher that I became the consultant to Ms. E., a second-grade teacher, to help her solve the problems surrounding 8-year-old Brad.

Brad had transferred to our school from another in the district and had been placed in second grade on the basis of his age and previous school placement. While he had been in the first school he had been assessed psychologically, medically, and educationally by the County Mental Health Center as a prerequisite to placing him in the school's special education program. The assessment stated that Brad had "severe problems in perception, cognition, and memory," and that projective testing revealed a "distorted sense of reality with some un-

20

usual fantasies regarding his intra-familial relationships." The educational data indicated that Brad was a nonreader and had no quantitative skills beyond rote counting and some numeral identification. The assessment had been completed just prior to the family's move. Consequently, Brad had never actually received any special education service.

Initial Consulting Contacts

The initial referral in our program, as in many others, was a simple request for assistance to a resident SERT from the classroom teacher. The SERT's responsibility was to meet with the teacher as soon as possible to clarify the nature of the problem and to determine the child's eligibility for resource program assistance.

In my experience, the initial attempt to clarify and define the problem or problems is the most critical and yet the most difficult phase of consulting. I will try to illustrate those issues as they arose during my consultations with Ms. E.

The Influence of the Consultant's Biases

At my initial meeting with Ms. E., held less than a week after Brad enrolled in our school, I tried to clarify the basis for her request. I believe that the way in which a problem is defined influences the type or direction of subsequent solution attempts and, as a consultant, I tend to become preoccupied with how and what problems are defined. This bias, accidentally or intentionally, always shapes the discussion. The assumption that Brad does need help, in fact, shapes the definition of the problems and the establishment of priorities among the problems. One of a consultant's first concerns is determining the location of the problem. Brad was academically retarded and projected unusual fantasies, but the problem as I saw it was that a teacher believed that she alone could not help the child. The organization of the regular school program provided no "place" for a second grader who could not read.

I could have defined the problem from two very different perspectives: a deviance perspective that implied that Brad should change, or an ecological perspective that focused on the school program and the teacher as much as on Brad.

Even if I downplayed the ecological perspective and assumed that the problem was Brad's deviance, I still had the opportunity to influence *what* objectives were defined and *how* they should be defined. Ms. E., as well as the school social worker and the principal, believed what the psychological report had indicated: that Brad had deficits in perception and cognition. They felt that a program should be developed to correct those deficits. I did not agree with their definition of the problem. I saw it in terms of the discrepancies between Brad's performance and the performance of other 8-year olds on the tasks of the regular school curriculum. Ms. E.'s viewpoint would lead to what some special educators refer to as "process remediation" by using special materials; mine would lead to direct instruction on standard curriculum tasks. Although both approaches could be accommodated, the limited amount of instructional time meant that priorities eventually had to be established for Brad's program. If I believed that process remediation essentially would waste Brad's time, I wonder to what extent my biases or those of any consultant should influence priorities among objectives.

A parallel concern existed relative to Brad's reported emotional problems: Should I as a resource teacher suggest a behavioral definition of the emotional problem, or should I submit to defining the objectives in psychodynamic or mental health terms?

Conflicts Between Establishing Rapport and Defining the Problem

Ms. E. and I had not worked together before and we did not know one another well. Our unfamiliarity with each other's personal styles and professional approaches (language differences, at least) made it difficult to reach mutually agreeable objectives and priorities quickly. The press for action was great and I was not sure that I had the time to establish a comfortable working relationship by supporting what I considered minor problems. Solving these "brush fires" (such as "talking out of turn"), takes time, and my time, the teacher's, and Brad's were limited. But I had to admit, establishing rapport with Ms. E. might do more for my long-run success in helping Brad than identifying and defining his developmental problems "correctly."

The conflict between establishing rapport with Ms. E. and developing the program for Brad evolved from considerations of the process by which objectives were to be defined as well as of the quality of the outcomes. Another source of conflict was my belief that it was important to involve Brad's parents in decisions regarding his program. I have since worked to make parental involvement part of the process. Ms. E. did not think parental intervention was necessary. In fact, the idea upset her. I pushed the point and was able to get the parents to the school for a conference, but the net effect was some loss of rapport with Ms. E. Fundamentally, I was sacrificing rapport with her to establish myself as Brad's advocate. However, to what extent should a consultant act as a child advocate?

Issues in Program Implementation

A student support team, consisting of the principal, social worker, regular class teacher, and myself, eventually set the program objectives for Brad and a plan for attaining those objectives. We decided that it could be appropriate for Brad to (a) learn letter names, color names, and numeral names, (b) improve his skills at form discrimination and memory, and (c) participate in class activities without aggressing or disrupting.

Ms. E. wanted Brad tutored outside of her classroom to achieve the first two sets of objectives. She believed that such a program was appropriate because the skills involved were ordinarily taught in kindergarten, not in second grade. But, the main goal of our resource program was to keep Brad in the classroom as much as possible. Again, we compromised. I would tutor Brad on naming letters, colors, and numerals for an hour each day in the resource room. Additional materials to improve Brad's skills at discriminating and remembering abstract forms were given Ms. E. for Brad to work on in the classroom. In addition, I asked her and she verbally agreed to record the number of times each day that Brad aggressed and disrupted her class. However, she rejected using a token (check mark) exchange system to reinforce his appropriate social behavior, but said she would "time him out" behind her desk if he disrupted or aggressed.

When I stopped in to see how the classroom aspects of the program were going after three days, I found that Ms. E. was happy with the material we were giving her for Brad to work on in the classroom but she was upset by a drawing he had made. He had drawn two figures, one prone and the other standing over it with a knife in hand. Brad had told her that the figure holding the knife was himself and the other was his brother. She became concerned that the drawing showed that Brad was a threat to the other children in the classroom. I asked what her record of Brad's disruptions and aggressions showed over the first three days. She replied that she had not had time to do it; she said that she did not feel that such a record would relate to Brad's "real psychological problems." It was then evident to me that Ms. E. was not in accord with either our original goals relative to Brad's social-emotional problems ("participation without aggression or disruption") or our approach to their solution. Further discussion revealed that she wanted Brad referred to a special school for disturbed children. She definitely was not committed to his remaining in her classroom. The social worker expressed similar feelings in a discussion. Indeed, unbeknownst to me, she had been in touch with the Community Mental Health Center to seek some kind of "psychological therapy" for Brad and had been attempting to obtain potential placement for him in a residential facility for disturbed children. Although we had no evidence that Brad was, in fact, dangerous to himself or others, still most of the professional staff responsible for him wanted to refer him out of the building. As far as I knew, no one had consulted the parents. I urged that we hold another team meeting to check our plans, programs, and commitments.

The discussion at the team meeting centered on what was referred to as the school's incapability to provide an appropriate program for "a student like Brad." I was confused by the discussion; I thought the program, which had begun to develop, held some potential for helping Brad. Since then, I have become somewhat cynical about such discussions. Although their general tone seems to indicate genuine concern for the student, it is often merely an "educational cover" under which staff seek to remove a child from the regular school program.

With a good bit of naivety and full of good intentions, I offered the view that the school was doing a good job in its attempts to serve Brad and I thought we should try to continue the original program. The team agreed with my recommendations. In retrospect, I realize that at this point the school staff began to hold me responsible for Brad's program and for whatever problems surrounded Brad. The data on the academic objectives indicated that my efforts to tutor him were successful; nevertheless I continued to receive messages from the staff that Brad's social behavior was not acceptable. Other teachers sought me out to deliver various "horror stories" about what they had seen Brad do in the hallway or on the playground and to ask me, "What are you going to do about it?" Once, a second-grade teacher arrived in the resource room enraged because when she tried to get Brad to return another child's toy pistol he had made an obscene gesture. I never was able to get Ms. E. to tally Brad's aggressions and disruptions, nor was I able to get her to use positive reinforcement for his appropriate behavior. She continued to use a "time out" procedure in conjunction with ad hoc decisions to send Brad to the principal's office. Although these procedures were less than satisfactory to me, they were used to maintain Brad in Ms. E.'s classroom to the end of the school year.

At the beginning of the second year, my responsibilities as consulting teacher in Brad's program were shifted to one of the school's Special Education Resource Teachers. A third-grade teacher was willing to try to work with Brad. After two weeks, however, she found that he required a disproportionate amount of her time. The building student support team met and, with the reluctant agreement of the Resource Teacher, decided to refer Brad to a special school for disturbed children. The turning point, I think, was when the principal, although much in support of the program, expressed his belief that a school staff could "only give so much time and energy to an individual problem."

After six weeks, the special school staff expressed the belief that Brad was not disturbed although he did have a conduct problem. He was enrolled in another school in the district where, everyone felt, there were more options in the instructional program and the staff were better able to help Brad. Recently, the principal of that school characterized Brad as a strange child and said, "I don't know if we can help him."

Please folks, where did I go wrong?

Discussion

Question: Would you describe this problem as typical or atypical?

Deno: This is an atypical problem in many senses. I think a school works very effectively with a lot of the children and a lot of the problems, so it is not typical in the sense of showing how things usually go in the school. However, I do not see the characteristics of the problem—the child and teachers involved—as unique. In other schools and at other times as a consultant, I have encountered what I would see as similar reactions to my efforts and, too often, unfortunately, similar outcomes.

Question: Was the process that you used fairly typical of the way you usually function?

Deno: I think so. Given the fact that I'm successful some of the time, there must be an interaction between the way I act and the kinds of problems that are presented. They don't all come out bad.

Question: Do you happen to remember the size of Ms. E.'s class?

Deno: I think it was about 29 kids.

Question: Do you believe that if the class had been smaller Ms. E. might have had a better chance, or that Brad might have had a better chance?

Deno: No. I don't think it would have mattered.

Question: Is it typical of Ms. E. always to have a "Brad" in her class?

Deno: I think so . There is usually a child or two in her classroom whom she would just as soon have somebody else work with or get some help for.

Klinger: When the original educational plan for Brad was formulated with your committee, what was the principal's role in supporting Ms. E.? What was the role of the diagnostic team or consultant in training Ms. E. to do things in a different way? What was the role of the social worker? It seems that at some point they were working in opposition to what you were trying to do. It might help if you could get your in-house support team together to talk about future Brads—the disposition of cases like Brad—and how the system, including the principal, could be modified in some way.

Deno: We did get together rather regularly. I think that the student support team has developed its own way of functioning over time and become better at addressing some of these questions. In their defense, I can say that I was only presenting a particular case.

Question: Do you recall more specifically the interaction between you and the teacher when the educational program objectives for Brad were defined? Were the objectives hers or yours? Did you really write them together?

Deno: I think that I probably influenced them. What I tend to do in such a situation is to say, "Well, where is this kid in the school curriculum?" In this case, the answer was, "He's about a kindergartener, at least in terms of school function. He's having to learn things a kid ordinarily is supposed to have learned or learn in kindergarten." At some of the meetings I found out that kids are supposed to learn in kindergarten such things as sharing, following directions, taking turns, color names, letter names, and numeral names. I asked, "Is that where Brad is? Should we take him from there? Try to move him up through the school curriculum?" So we were working within a curriculum definition of where the child was and what he was to learn. I think I probably asked the questions that led us to what was the school's definition of where the kid was at.

Question: What do you do to determine how acceptable those objectives are to the teacher?

Deno: Do you mean, do I run my intuitive feelers across the table? Do I ask her what she thinks about it? It's supposed to be a team decision, you know, with everybody speaking up; but Brad's case was rather early in the program development. Sure, we were meeting as a team but I don't think people were really open or sharing and discussing and explaining how they felt.

I tried to indicate in my paper that I think Ms. E. really was not in agreement with me on the social objective. My guess is that she probably saw, in Brad's case, such activities as his learning the letters and so on as secondary to developing his mind better for thinking and remembering, because the latter were identified as problems by the mental health center.

Question: Were any specific teacher objectives spelled out at the meeting? Was there a procedure for setting teacher behavior? What the teacher should do? Objectives for the job?

Deno: I don't know if this was true for classroom management, such as how Brad should be handled in the classroom—what groups to include him in. I was trying to get some simple frequency counts of the number of times he displayed appropriate behavior and, according to the teacher's definition, aggression, or inappropriate behavior. But she didn't want to wait to get a base-line assessment; she wanted to intervene right away and to have some strategies for dealing with Brad. Instead of my being able to persuade her to use some kind of positive social reinforcement to aim toward more appropriate behavior, she was more inclined to want to provide consequences for his aggression—something like sitting behind her desk. That consequence fits better with her ethic of how kids should be dealt with.

Question: I see your source of gain with Ms. E. as primarily persuasion, exhortation, and some information giving. Have you ever thought of the kinds of contingencies you had available to bring to bear on her behavior? You met her needs by getting Brad out of the class and tutoring him, but she didn't follow through on her end of the deal very well. Was she ever confronted with that?

Deno: Not by me. I usually deal with conflict by leaving it.

Parker: You point very carefully to the critical nature of your own predispositions and biases in diagnosing the case and what you see as the problem. One of the things that keeps coming up here is an alternative diagnosis—a mental health diagnosis. I was wondering, Dr. Cohen, if you would respond to Deno's case from the standpoint of a mental health rather than behavioral orientation.

Cohen: Teachers, in general, find that when a child is "misbehaving" there is always an emotional result, and so we have laid a little red carpet to the mental health centers. Such a referral is always the line of least resistance. Deno had an uphill battle with this particular, difficult child. I don't see the case as one in which Deno did right or wrong. I see it as a very rich case with tremendous discussion potential—it touches on so many things. We may not know whether the mental or emotional problem was primary or secondary. This is one of the big questions in child education.

Parker: How would you, as a mental health consultant, look into that aspect of the case?

Cohen: I think that a very important issue in the case arose out of the conflict of roles. Deno had too many hats and when he switched he didn't tell the team which one he was wearing. The case was almost programed for potential trouble by the many hats he wore. He was a trainer of interns, so people saw him as a trainer and wondered where his loyalty really was. He was partly an administrator—making decisions for the team. He identified with the child very strongly. And because he is a teacher, perhaps he polarized a little what a good teacher should behave like and what a bad teacher behaves like. Also, I think that he made some direct decisions. A consultant must remain in the indirect field which, temperamentally, is very difficult. You have to stay within the indirect field; that means you can never make the decision of bringing the parents in. The minute you do you lose your consultee.

Deno: There were federal funds going into the program and I was consultant to the school, in general, for developing its special education program. I don't know if you see that as another hat, but I do.

Cohen: Certainly. You see, you had many hidden agendas.

Deno: I don't know if it is relevant to bring it out here, but, especially in relation to Vermont's consulting teacher program, Houston's current special education program, and my own interests in teacher training, I think that there is an interesting issue in the role of the so-called "resource teacher." In our case, this person is in the building and is supposed to be capable of both working indirectly, as a consultant to the classroom teacher, and directly, in assuming responsibility for the child's program. I wonder if the activities—roles—conflict or compete? They don't do that in Vermont. As I understand the Vermont program, there is no conflict in the consulting teacher's role. As a person on the staff, I am a consultant because I am a resource teacher, but I also take responsibility for decision making relative to children's programs. That is the way we conceptualized the role and it may be a serious problem.

Cohen: That's a crucial fact in consultation success. First, your own sense of identity, which influences your objective and your movement in school, and second, how people see you. How people see you is a very important part of the consultation process. Who are you? What are you going to do with "information"?

Question: It seems to me that there is a predisposition to want to keep the child in the regular classroom. Was this a policy decision within the school district? or a viewpoint of yours? Was there some type of teacher inservice, or an attempt to create a climate for teachers adopting this idea of special ed in regular classes?

Deno: It is a policy in the district to try to maintain children in regular classrooms. However, at the time of this particular case, a developing model within this building was occurring simultaneously with a program reorganization in the office of special education programs. Perhaps the districtwide emphasis on mainstreaming was not so clear to all the schools at that time as it would be now. In that building, inadequate information may have been provided to the teachers about the nature of my activities. That is a possible problem of which none of us may have been aware.

Question: Is it good to wear a lot of hats? Do people see you as a powerful person if you can wear a lot of hats?

Cohen: Some hats are harmonious and complement each other; others are very tough to wear. Certainly, the role of advocate for a child is in conflict with the consultant role.

Deno: I see that as very relevant to special education problems, however, in both resource programs and consultation.

Question: Dr. Deno, to what degree do you think your efforts as a consultant were hindered by the fact that a learning problem was present, complicated by so-called, defined behavior problems? In fact, isn't it more difficult to get teachers to accommodate a behavior problem?

Deno: It wasn't just the behavioral definition. If the behavior had been definitely defined as a problem, I think it would have been okay. If the problem had been only academic it would have been relatively easy to deal with. The fact was that psychologists were involved in the original diagnosis of the problem; they said that the child had some inner psychological conflicts. In my experience, when psychologists make such statements to teachers, the latter develop overpowering concerns: "I can't really deal with this child's problems." "I'm not prepared to deal with fantasies like that." I guess, in this particular instance, I see this concern as an overriding problem from the beginning.

Question: The teacher believed that she couldn't help the child by herself. Do you mean that the teacher believed that she couldn't help him to the extent of complete satisfaction? or that she simply couldn't help him? Since Brad had been in school for less than a week, how did she decide that in such a short time?

Deno: To deal with the second question first, I think it relates to the fact that given that the child had been labeled psychologically disturbed or emotionally disturbed, she believed she could not help him. She had this information in hand. She had his records from the mental health center. She wasn't prepared to help him with those kinds of problems. "I can't help a child who is strange or bizarre or peculiar inside." I think that that is what she felt.

Question: That brings us back to an earlier question. Were you set up by the team? Was your job, as you perceived it, to say to her, when that psychologist's report came in, "Yes, indeed, you cannot help this child." Or was your job to say, "Those, too, are behaviors and we can deal with them."

Deno: That's a good point. I feel that I am competent to deal with these psychological problems: I have the credentials and perhaps the background to say to the teacher, "Well, let's talk about his problems, let's work with them for a while. I am competent to deal with them so let's get a better perspective from the mental health center." On the other hand, I had a mixed role. I was really trying to act out the role of the special education resource teacher—who does not have those credentials—who is a teacher coming into the setting to work with another teacher, and saying, "Well, I don't know about those things either." I mean, I didn't say that; I wasn't trying to play dumb in the situation but to address the problems in a kind of direct fashion. "Let's deal with the problems which have been presented to us here. What has happened so far? Let's make a behavioral check and see if he has done anything in the classroom that would disturb the situation."

Comment: I think you've given a good example of the divorce between what's happening in training special education teachers and what's happening between school psychologists and teachers. Somehow, they are getting the notion that child behavior in the realms of aggression and fantasy is beyond the borders of what can be dealt with by teachers. If we're going to function as psychologists consulting with teachers, then we must be able to hand over that kind of knowledge and that whole domain of activities to teachers now.

Parker: I think an issue more subtle than that is involved. It wasn't that the teacher just didn't want to deal with those aggressive behaviors in class, it was that she had some notion that aggressive behaviors have a spooky inside. And it was the latter she didn't want to deal with, that she considered off limits.

Question: Who informed the teacher that the child might have behavioral or psychological problems?

Deno: The social worker in the original placement.

Tharp: Who determined that the child might have psychological problems?

Deno: The community mental health center.

Tharp: Were the individuals there competent to make those kinds of diagnoses?

Deno: They had the credentials to be a social worker and a psychologist.

Tharp: How else do you determine competence? Isn't that one of the basic determinations of the competence of the individual to make such decisions and diagnoses? I know that when I go into a doctor's office with a pain in my right side and think I have appendicitis, I'm anxious to know if he has the credentials to cut me open. Also, I should like to know if somebody else knows that he's competent, as well. Assuming that the person who made the initial diagnosis was competent and then passed it on to the teacher who is not competent to make such a diagnosis, nor, at least according to the credentials that the teacher holds, competent to treat that diagnosis or prescribe for it, then are you critical of the teacher who, in a sense, says, "I'm not competent to do that"? Are you critical of the teacher for that?

Deno: No, I'm not critical of her.

Tharp: However, you have implied that kind of criticism and you and those who have been asking questions seem to imply that if the teacher hadn't known that diagnosis, she might have been better able to deal with the child.

Deno: I think that's true in this instance.

Tharp: I'm sympathetic to the point you have raised. I would suggest that the fact that the teacher did have that information probably made her less competent to deal with the child. That's one of the regrettable aspects of psychodiagnostic labeling, of which, I suppose, we are all aware. However, once she was in possession of that information, your general task, from the way you describe it, I think, was to influence the teacher in some way to bring her to adopting a program that in your—I mean this literally—in your greater knowledge, would have helped this child. Unfortunately, in the particular model in which you are operating, you have few sources of influence over the teacher. In some settings, and in some models, you can simply instruct a teacher to do something; that is a far simpler arrangement. In cases like yours, where you have to rely on persuasion or subtler sources of influence, it can be a lot trickier.

However many advantages it may have to educate as many children with special problems as possible in the regular classroom, there are always going to be children who fall between the cracks in any classification system. You very well may have had one here. It seems that the long-term outcome of the case is that the child neither fits in a special education classroom—quite—nor in the regular classroom—quite. It might just be an instance of an insoluble problem, given the classification system that you used. I have found generally, working as a psychologist in the classroom, that even though I have the credentials—I can talk psychodiagnosis if I want to—teachers won't pay any attention to me if I'm wearing the hat of the school psychologist. I had that happen to me even when simultaneously I was working afternoons at a community mental health center; when they talked to me in the afternoons in my office in the center they would pay attention to me, but not in the school.

What I would have done in this case, I think, would have been to respond very directly to the teacher's concern that the child is probably crazy. I would have said to her, "Well, I guess we had better look into this matter. Why don't we refer this child to another community health center?" Not back to the same one. What would the outcome have been? You might have gotten a similar diagnosis and then you would have asked the psychologist or psychiatrist on the mental health center team, "What should we do?"

Odds are about 1000 to 1 that he would have said, "Well, we'll provide play therapy or family therapy or medication or something."

"How do we handle the child in the classroom?" He would have said, "Well, keep him in the classroom, of course; we can work out a process that would be best for the child. We'd want certain kinds of programs for greater individualization of his curriculum and support of his emotional problems."

In effect, what he would have done is refer the child back to the teacher, but tell the teacher that she can and should handle his problem. A teacher like Ms. E. might accept that authority. However, in accepting your recommendation, she will see you again in this conflict of roles and think that you are trying to persuade her against her better wishes. I am suggesting this only as one way in which you might have been able to secure an outside source of an additional influence on the teacher by taking what she is willing to accept as a source of influence, namely, a mental health person.

Brokes: You struck a number of chords. I view consultants as in-house or out-house. There is a big difference. If you feel you are an in-house consultant, you have some knowledge of a system; you know how it functions to some extent. If you're an out-house consultant, you come in and you don't know what the hell's going on. You have a bag of tricks, some data, and some knowledge, but you do not understand that system. Each system is as unique as each individual. So I would like to raise a question about system entry here. How does a program come in and what do you do once you are in? A system has a history (unless you're lucky enough to start a brand new school) which has been operating for a few years. That history provides the system with a view of not only what I shall call rituals, but also what I would call expectancies. Those expectancies become ingrained in the individual as well as in the system. So, if I were to come in, my first thoughts would be, (a) how can I analyze that system most efficaciously? and (b) how can I get out of the role of the expert, because if I remain the "expert" then I assume many, many times the responsibility for a youngster, a teacher, the management, or whoever.

I was very impressed that you started by working with the school principal, because that's the existing structure of the school and I think it makes all kinds of sense. If the building administrator is anti-mainstreaming, then you would really have to take a look at that attitude. If you went in and helped teachers mainstream, would you be placing them in a double-bind position? So you had support, and that is marked. I would then look for a procedure, a vehicle, a tool, or a concept to use the local and existing resources of the school (i.e., the teachers in that school). So I might say, "What are your skills? What are your tools? Ms. E., would you like to meet with one or two or three of your colleagues in this system?"

You are going to leave; if she needs support, she could then get this support from the teachers who are remaining in this system. You are going to be an ice cream cone coming in on occasion, but they are there and they can help her work with Brad. I'd say, "Maybe there are two areas we would like to look at, not only the 'what' but the 'how' in this case; the 'how' of working with this youngster is more important than what we are going to work toward." So help the small consortium or subsystem of that system to work together, learn to support each other, and nurture each other. Most importantly, be brief, because they own the problem.

Question: Would the members of that subsystem be other second-grade teachers?

Brokes: Why not? Say it's a K-12 or a K-6 school, they might be a kindergarten teacher and a third-grade teacher and a sixth-grade teacher. What are your available resources in the systems in which you work? Maybe you can facilitate those resources.

Comment: It seems to me that if you are really looking for that second-grade teacher's support system, it was probably the other second-grade teachers and the principal. She was probably being punished pretty consistently for trying to cope with that child in her classroom. Every time he misbehaved on the playground, every time he gave the finger to another second-grade teacher, she was getting the moral blame for that behavior and being punished very consistently for trying to hang in there with that kid for as long as she did. If she could have had those people in her support system, and if the ownership of the problem could have been shared with them, it seems to me that that would have relieved some of the pain that she suffered from hanging in there. In my view of the norms of an elementary school, the teacher typically must have sort of moral responsibilities for what kids do around the school.

Deno: I can support in fact that that was true in this case. Ms. E. did get punished, not only by the child, but by the other teachers.

Comment: And she didn't really have much support in dealing with that condemnation.

Question: I was concerned about the mechanism through which the child was referred to, accepted by, and placed in a special school when, in your judgment and, apparently, in the judgment of some others, this child's problem was within the range that could be served in the context of the regular elementary school. Did you feel that the system let you down, in terms of providing this placement, when you felt the showdown needed to occur right in that school?

Deno: No, I didn't. It may not be clear from all this, but I think that the school went to rather heroic lengths to deal with this child and his problem and should be commended for doing so. Among other schools which I know and have worked in, that child wouldn't have gone beyond the first week.

Cohen: I would like to react to the issue of planning. I find that it is very difficult to achieve the objectives that you were establishing. It would take a tremendous amount of time, planning, and hierarchical levels working together to produce this kind of a program. One of the very important things a teacher has is time—time to do anything else but teach. I think that this school is very different from some of the urban schools with which I am familiar. Planning, except in a crisis, is very seldom done in schools because there is no time for it. Teachers are paid for teaching within a very tight, scheduled day. This whole behavioral science approach, which comes from psychology and universities, of "sit down and let's look at issues" does not work in real life. We're going to have to get away from this fantasy. Ideally, one can have plans, but there is not time for planning. I think that this is something which we will have to work out.

The other thing that is important is the value system of special education for the general educator. The generalist thinks that it is a waste of time. They think, "How can five or eight people sit around a table for one hour for one child when I've got 28 sitting in that classroom?" The value system of the general educator is very strong right now, so that in working toward mainstreaming—a noble idea which is very "in" right now—we have to acknowledge the issue of economic value systems.

Parker: Dr. Young, how would you respond to that?

Young: I believe that part of the problem has to do with the way schools are presently organized and the hurdles which the organization of the system, or the system itself, places in the way of people working in the system. To deal with individual child problems, whether those problems are psychological in nature, behavioral, or whatever, may be very difficult. The individual in the system who may appear to be negative, uncooperative, or perhaps just more or less callous in the approach to a problem, really may be a very sensitive, feeling person who goes home at night and weeps over the problems which he is unable to solve. The system, or the organization of the system, simply stands in the way. It doesn't permit the individual to do what really needs to be done. I think we are very fortunate that we are able to succeed with as many people as we do. The number of failures relative to the number of successes may, if they were put on the scoreboard, indicate that we are winning. But when we are dealing with people and with children, even one failure is too many. We are attempting to succeed with each one.

The Vermont Consulting Teacher Program

The Vermont program is one answer to many of the questions raised by Deno's presentation of the case of Brad. The Vermont educators responsible for initiating the program opted for a basis of educational diagnoses as opposed to dynamic or mental health theories. It is a unified program: Teachers learn by the same means which they use to help children to learn—behavior analysis and reinforcement. Because of adherence to the particular method of coping with learning problems, one might question, from the surface appearance, whether Vermont's consulting teachers are consultants or teacher trainers. By digging more deeply into the process and supporting organization, however, it is clear that the consulting teachers do not operate simply as trainers; rather, they follow a process of problem identification, strategy selection, and support giving which goes beyond what ordinarily would be described as teaching or training.

Egner and Lates's paper and the discussion following its presentation raised the important question of just what is consultation. In the case of Brad, for example, it was clear that the consultant was starting with a nonachieving student and was attempting to work out a procedure with the teacher which would lead to the solution of the child's problem in the classroom. In Vermont, the consulting teacher approaches comparable situations with some assumptions about the process that will help all nonachieving students to achieve. The difference raised the rather important question, "Is it possible to identify the elements of the consulting process independently from the content of either the problem or the solution bias of the consultant?" The answer seemed to be yes and no.

Another important question was raised by the method used to assess the outcome of consultation by the Vermont group—measuring the student's achievement. Is the consultant the advocate of the child or the teacher? If the consultant is employed to assist the teacher, what happens if the teacher's need does not parallel the needs of the child? It is hoped that they would converge but sometimes they do not. A related problem was raised in the discussion: "How involved can the consultant become in the personal life of the consultee and still be able to focus on the student who is the object of the consultation?" Participants with a mental health background reported very different experiences from those of the Vermont group. Con-

sulting teachers have found that by becoming personally involved with their teachers, they are able to build a credibility that facilitates rather than inhibits their work.

Credibility is a key factor in successful consultation, as was illustrated by the case of Tommy in Egner and Lates's paper. When the teacher consultant overlooked the preliminary steps necessary to establish her credibility, she was severely restricted until she was able to repair her bridges.

The cases presented in the paper provide a good transition to the Houston paper. In the latter, Dollar and Klinger describe a systemwide change which was considered essential for the support of the consultants' work. The program in Vermont, although not so complete, is extensive enough to show the relative advantages of a consistent program of consultation, which is widely accepted, over consultation in which the consultant must work independently and without programmatic supports.

The Vermont Consulting Teacher Program: Case Presentation

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Vermont's Consulting Teacher Program is a teacher training-based model (Lilly, 1971) to provide special education within regular classrooms for children who have traditionally been labeled mildly retarded, learning disabled, neurologically impaired, or emotionally disturbed. It is based on four basic assumptions: (a) To evaluate teacher effectiveness, there must be behavioral change of the learner as a function of the programs the teacher implements. (b) All children can learn, regardless of their handicaps. (c) All teachers can learn, too, and, by implication, teachers can learn to effect behavioral change for their learners. (d) The most promising methods that seem to help teachers effectively change the educational and social progress of children are derived from the experimental analysis of behavior. These procedures allow for the direct measurement of behavioral changes in the individual learner, the systematic implementation of learning principles, and direct evaluation of individualized instruction programs.

Vermont has a very thin distribution of its 400,000 people. For example, one urban center, Burlington, has 40,000 people; the next largest, Rutland, in the center of the state, has about 15,000 people. But 75 percent of Vermont's people live in rural villages.

The state has 100,000 elementary-school-age children. A conservative estimate indicates that about 15,000 of them might be considered handicapped in some way. Vermont has the typical delivery system for providing special education services: one state institution for the mentally retarded; one for the emotionally disturbed, where some children are sent; one for crippled children; and one residential institution for deaf children. There are also special classes, resource rooms, and hospital-homebound services.

These delivery systems provide services for only 30 percent of those 15,000 children, or about 5,000. The rest of the children are enrolled in public school classrooms in their respective towns. Thus, a consulting teacher approach that provides training and support for regular teachers is a viable addition to the other delivery systems. Each teacher is faced daily with at least two children in the classroom who are not learning under the typical educational curricula and management systems. Therefore, a tremendous motivation exists for teachers in Vermont's schools: They have children who are not learning and there really is no alternative but to deliver the special services right within the classrooms.

Problem 1: *Overcoming stereotypes of how exceptional children learn.*

Most Vermont teachers have come through a typical teacher training program in which they were taught that they *cannot* help special children to learn. For example, they have been convinced that children with neurological handicaps should be seen by neurological physicians; children with learning disabilities or mental handicaps should be taught by specialists or placed in institutions for care; and physically handicapped children cannot be helped by regular classroom teachers but only by specialists. One problem, then, is: How does the teacher learn that (s)he *can* help children with such handicapping conditions?

Solution: *Shaping confidence in teacher effectiveness with exceptional children through implementing the behavioral model of education.*

Consulting teachers follow a series of consulting steps employing reinforcement principles to help convince teachers that they *can* effect behavioral changes in exceptional children. The major outcome of the consulting steps is to enable the teacher to develop and implement an individualized program for a referred child. The model to provide special education within regular classrooms is illustrated in Figure 1.

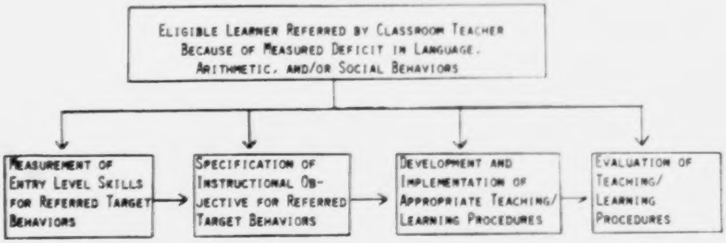
Eligible Learner Referred by Classroom Teacher Because of Measured Deficit in Language, Arithmetic, and/or Social Behaviors
Measurement of Entry Level Skills for Referred Target Behaviors
Specification of Instructional Objective for Referred Target Behaviors
Development and Implementation of Appropriate Teaching/Learning Procedures
Evaluation of Teaching/Learning Procedures

Figure 1. The behavioral model to provide special education within the regular classroom.

(See Fox, Egner, Paolucci, Perelman, McKenzie, & Garvin, 1973, and McKenzie, 1972, for more detailed descriptions of this model.) The teacher assesses the preintervention or entry level of the child's performance, establishes an individual instructional objective for the child, and applies reinforcement principles which are designed to increase the child's performance. Finally, the teacher evaluates the effectiveness of the procedures in terms of the behavioral measures of the child's daily classroom performance.

Table 1 shows the relation between the individualized instruction model and the specific skills acquired by the classroom teacher as th consulting steps are followed. The teacher gradually learns to define target behavior in measurable terms; measure behavior reliably; follow teaching/learning procedures precisely; collect, record, and graph data daily; identify possible reinforcing consequences in the classroom; write instructional objectives that respond to changes in the behavior of the child; and involve parents in the educational process.

The first consulting step is the written referral that briefly describes the child's problem; it is signed by the teacher and the principal. The teacher's signature indicates that (s)he considers the child is

Table 1

Relation of Behavioral Model and Skills Acquired by Classroom Teacher during Consulting Steps

BEHAVIORAL MODEL	CONSULTING STEPS		SKILLS ACQUIRED BY TEACHER
Eligible Learner	STEP 1	Referral Procedure	
Entry Level	STEP 2	CONSULTING TEACHER/TEACHER MEETING(S) for Baseline Diagnosis Procedures	defining target behavior in measurable terms; measuring behavior reliably; collecting, recording, and graphing data daily
	STEP 3	Consulting Teacher/Teacher Meeting(s) to Establish Eligibility	
Instructional Objectives	STEP 4	Parent Meeting for Written Permission	involving parents in the education process
	STEP 5	Consulting Teacher Classroom Observations	writing individualized instructional objectives and procedures involving parents
	STEP 6	Decision Making Process for Intervention Procedures	
Teaching/Learning Procedures	STEP 7	Parent Informational Meeting for Intervention Procedures	
	STEP 8	Implementation of Intervention Procedures	Following teaching/learning procedures precisely
Evaluation	STEP 9	Evaluation of Intervention Procedures	identifying possible reinforcing consequences in the classroom
	STEP 10	Follow-Through or Confirmation	responding to changes in the behavior of the child

or will be in educational difficulty without such services. The principal's signature indicates his awareness of the child's educational difficulty. Steps 2 and 3 (meetings for obtaining baseline measures and establishing eligibility) provide the entry level measures necessary to derive the individualized instructional objectives as well as to establish the child's eligibility for special services. When entry level measures indicate that the child's performance is below the minimum rate required for all children to achieve the minimum skills, the teacher may receive consulting teacher services.

Once eligibility has been established, the parent meeting (Step 4) is arranged. The parent is asked to give written permission for the teacher to work with the consulting teacher in developing a learning program for the child. When the consulting teacher directly observes the child in the classroom (Step 5), certain possible intervention procedures can be pinpointed and developed, which will be agreed upon in Step 6. After the parent has approved the proposed intervention procedures (Step 7), the teacher implements the plans on a daily basis in the classroom (Step 8) while continuing to obtain the daily measures. These measures provide the information for evaluating the procedures (Step 9). When the data indicate that the desired changes are *not* occurring for the child, *the procedures are modified until desired changes occur.* To assure continued success for the child, the teacher and the consulting teacher plan a follow-through program which is discussed with and evaluated by the parent (Step 10).

This step-by-step consulting process requires give and take. It is a social interaction process in which, at each step, the teacher engages in a certain behavior and the consulting teacher responds to the teacher. At any one of these steps, the consulting teacher *must individualize* the consulting process *with the teacher with whom (s)he is dealing* by applying the basic principles of (a) contingent reinforcement for implementation of each step of the behavioral model; (b) appropriate scheduling of reinforcement; (c) shaping or reinforcing small components of each step; or (d) antecedent stimuli, such as specific instructions. (See Cossairt, Hall, & Hopkins, 1973, for a detailed analysis of a consultant's use of instruction, feedback, and praise on the effectiveness of a teacher's application of social reinforcement to increase an inattentive student's study skills.)

Sometimes, at Step 2, for example, the kind of measurement procedure that the consulting teacher first recommends is too complicated. The consulting teacher might model the implementation of the measurement procedure or recommend a less complicated procedure. The consulting teacher may provide more frequent contact with teachers who are just beginning to measure student performance.

At Step 3, the instructional objective may require the child to work on learning materials which are not available in the teacher's classroom (e.g., a fifth-grade student reading at second-grade level). The consulting teacher makes these materials available. Or the consulting teacher may provide learning materials which the teacher can use for all the children in the class.

If, at Step 6, the recommended intervention procedure is something that the teacher cannot incorporate into a busy schedule, the consulting teacher must be ready to recommend a variation of the procedure that will fit the teacher's individual style and schedule.

To illustrate the consulting teacher-classroom teacher-parent interaction through the ten steps, the case of Larry is given here (Getsie, Holden, Jacobs, Packard, Seubert, & Christie, 1974).

Larry

Step 1. Four teachers in a semi-rural Vermont middle school worked as a team to provide instruction in language, math, science, and social studies for 125 sixth-grade students. All four teachers noted that Larry needed special help. The teachers referred Larry to the consulting teacher, describing him as "never completing assignments, easily distracted, having no self-discipline and appearing to be spaced-out!"

Step 2. The four teachers met with the consulting teacher to develop entry level measures. Each teacher collected Larry's assignments at the end of every 50-minute period. The assignments were then checked for completion and accuracy. On a data sheet, each teacher recorded the number of problems or questions assigned, the number completed, and the number correct. Percentages of task completion and task accuracy were then calculated. To ensure reliability of this measurement system, an independent observer frequently scored Larry's papers in the same manner as his teachers. At the initial meeting, Larry's home-room teacher was designated as the coordinator to obtain the daily data from the other teachers and report to the consulting teacher.

Step 3. At the second meeting, the information collected by Larry's teachers during five days of entry level conditions confirmed Larry's eligibility for consulting teacher services. He completed an average of 22% of his assignments with 12% accuracy.

Step 4. The home-room teacher and the consulting teacher then met with Larry's mother to share their findings and to request permission to develop an individualized learning program for Larry.

Step 5. As the teachers reviewed the entry level data, they noted that Larry completed more work in some subject areas than in others. This inadvertent finding led one of the teachers to verbalize that Larry "just didn't like me" and that "Mrs. X is probably a better teacher." To avoid continuing such subjective comparisons, the consulting teacher decided to meet with each teacher individually to obtain daily measures and to evaluate Larry's progress. The consulting teacher also observed that each teacher was at a different level of implementing the behavioral model. For example, one expressed interest in developing an intricate evaluation design while the others wanted a fast, simple, and effective procedure. Since the program was to be used by all four teachers, the consulting teacher assisted the team in developing the simplest plan possible.

Steps 7 & 8. The instructional objective was derived as:

> Given any assignment throughout the day, Larry will do the assignments with 100% completion and at least 90% accuracy.

The teaching/learning procedures employed three principles derived from the experimental analysis of behavior:

1. *The principle of antecedent stimuli.* Every morning Larry was given a 5 × 8 card divided into four sections. At the beginning of each class period, Larry wrote the assignment on the card and began to work.

2. *The principle of immediate social reinforcement.* At the end of the period, or when his assignment was completed, Larry took the assignment and card to the teacher. When the assignment met the criteria, the teacher praised Larry and initialed his card.

3. *The principle of token reinforcement.* At the end of the day, Larry took the card home. Each day that Larry's card was initialed in *all* sections, that card became a token which he used the following day—his mother drove him around his paper route at 6:00 a.m.

Step 9. Over the next four weeks, each teacher daily evaluated the effectiveness of these teaching/learning procedures. Figure 2 shows that Larry completed an average of 93% of the assignments with an average of 95% accuracy.

Step 10. Larry was referred by the team in September; by December, the teachers had developed and implemented a point system for all 125 students to increase appropriate classroom behaviors through positive reinforcement. In addition, the consulting teacher held group

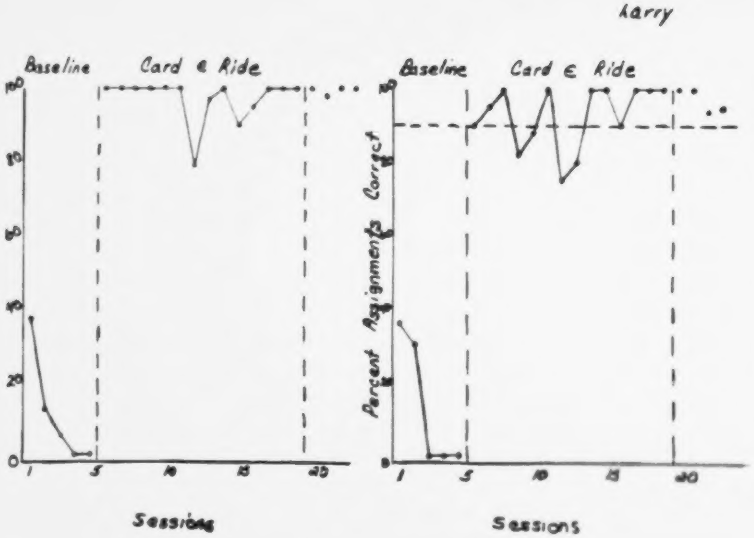

Figure 2. The effect of consulting intervention on Larry's school performance. Left side: percentage of assignments completed. Right side: Percentage of assignments correct.

meetings to enable the team to implement the behavioral model to individualize instruction for seven additional children who were referred for special services. The teachers no longer viewed themselves as inadequate and began to freely point to one another's effectiveness with all the children.

Problem 2: *How to know that the intervention program is really helping.*

Through this step-by-step consultation process, over 800 teachers have successfully implemented individualized programs for over 1088 exceptional students in regular classrooms. These programs have served children who are traditionally labeled emotionally disturbed, neurologically impaired, trainable and educable mentally retarded, and physically and learning disabled. Many of Vermont's regular classroom teachers have become convinced that they can effect behavioral change for exceptional children. (See Christie, McKenzie, & Burdett, 1972, and Christie, Egner, & Lates, 1972, for examples of services which are provided by regular classroom teachers.) Teachers have been successful in increasing social interactions, such as playing cooperatively, reading comprehension, math skills, and motor coordination. However, the basic evaluation procedures, which help a teacher to see the effects of pre- and postintervention, are not enough to decide whether the intervention system is effective enough to make a difference in the child's total educational progress. Typically, educational systems have used group or individual achievement tests to evaluate intervention programs. However, achievement tests given once or twice a year do not make possible *immediate* evaluation of the effectiveness of teaching/learning procedures.

Solution: *Assessing student progress in terms of accelerated rates of achieving minimum objectives.*

Vermont's teachers and principals have helped define an instructional objective-based system to evaluate effectiveness of intervention programs. As an example, Pat Flood and Beth Splain, a first-grade teaching team in Hinesberg elementary school, defined the first-grade curriculum goals for reading instruction to include the mastery of at least 816 vocabulary words (Wade, Splain, Flood, Grad, & Klann, 1973). Every 18 days they measured each child's progress in acquiring skills.

Figure 3 shows Mary's progress. The dotted line at the bottom of the graph indicates that she would not acquire the basic vocabulary within the 30 weeks of first grade. At the arrow, the teachers introduced a special peer tutor procedure that helped Mary to acquire those skills, as seen by the accelerated rate. She achieved the 816 words in 20 weeks of school.

Figure 4 shows that Johnny's rate did not accelerate under the same procedure that was effective with Mary. The teachers responded to Johnny's individual difference by providing a different kind of teaching/learning situation which was introduced at the second arrow. However, even that situation was not enough so the teachers referred Johnny to the consulting teacher for additional services.

In a similar manner, the school community can define a set of critical minimum objectives required for language, arithmetic, or social interactions skills. Once these critical instructional objectives are sequenced and paired with a time criterion, school personnel can project a minimum rate required for any child to achieve all the critical objectives, as shown by the diagonal line in Figure 5.

Teachers obtain regular, reliable measures (at least once a month) of each child's progress toward meeting the minimum objectives. This "minimum objective measurement system" is an *instructionally based*

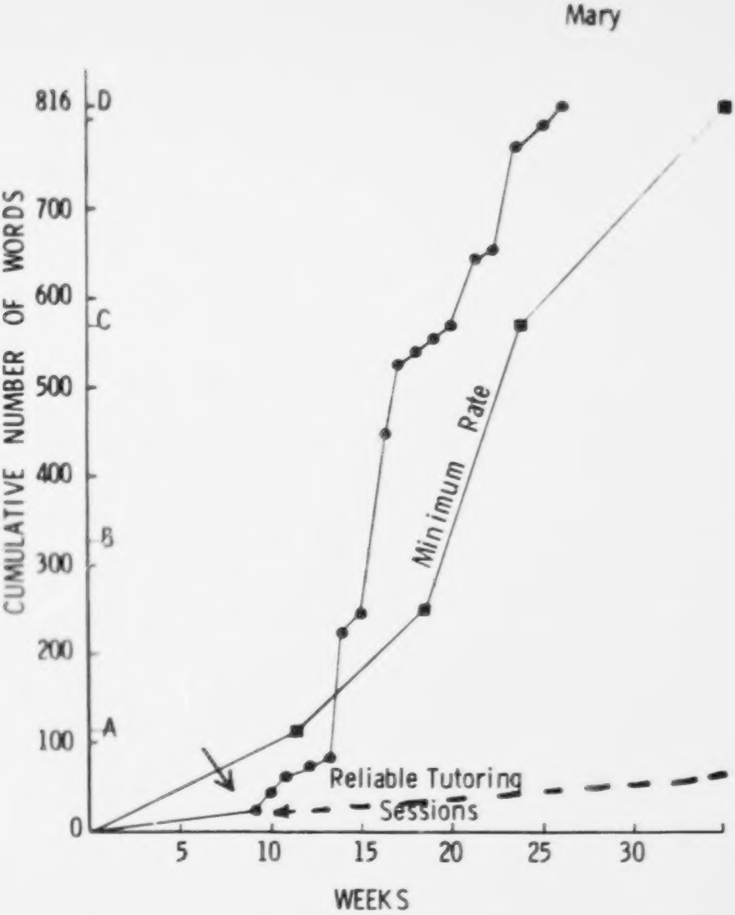

Figure 3. Mary's rate of acquiring vocabulary compared to the minimum rate required to master first-grade vocabulary objectives within 30 weeks of school.

system to identify children who are eligible to receive special services. It is noncategorical; it does not require the establishment of the deviancy of the child. On the basis of the child's rate of mastering critical instructional objectives, school personnel can decide *when to begin* special services, *when to change* the services that are being provided, and *when to terminate* the services.

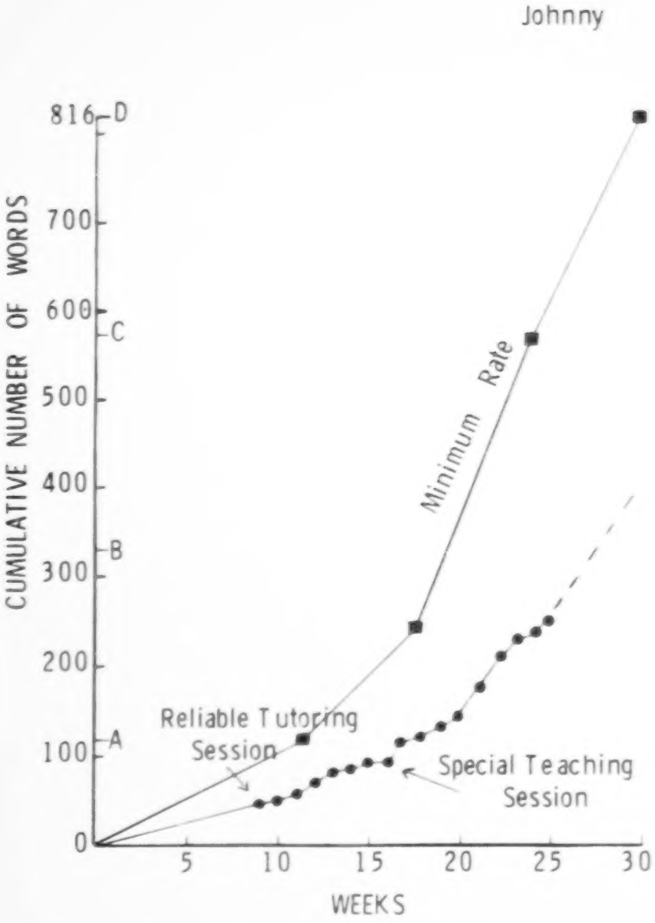

Figure 4. Johnny's rate of acquiring vocabulary after two interventions, compared to the minimum rate required to master first-grade vocabulary objectives within 30 weeks of school.

Any child who continually progresses *below* the minimum rate required to master these critical minimum objectives becomes eligible for special education procedures. The effects of any intervention program are evaluated in terms of accelerated rates of achieving the critical skills. Furthermore, decisions to terminate intervention programs can be based upon the measured achievement of the critical skills.

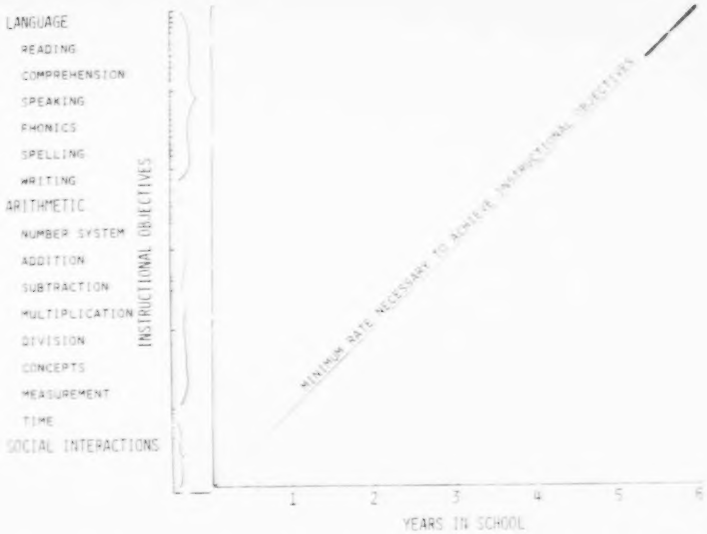

Figure 5. The instructional objective-based measurement system to identify children eligible for special services.

Problem 3: *How to establish a school district consulting teacher program.*

Before a consulting teacher enters a school district, five actions are undertaken. They include specific activities for the consulting teacher, district administrators, specialists, and teachers that culminate in a written proposal describing the roles and products of all participants for the following year.

Action 1. Once a district has selected a consulting teacher, a meeting is held with the superintendent and/or designated key administrator (the person directly in charge of the consulting teacher program), a faculty member of the University of Vermont, and the consulting teacher intern to present (a) an overview of the consulting teacher approach to special education; (b) operational requirements including office location, equipment, and budget procedures; and (c) guidelines for writing a proposal.

Action 2. A second meeting is held with the consulting teacher, key administrator, and building principal(s) to present the same information. In addition, the building principal(s) plan informational meetings for teachers and specialists.

Action 3. The key administrator, principal(s), and consulting teacher meet with the district specialists to exchange information relating to referral procedures, eligibility requirements, and service delivery procedures.

Action 4. The key administrator, principal(s), and consulting teacher meet with the teachers to discuss an overview of the consulting teacher approach, and the possible roles and levels of participation for the teachers (consultation, workshops, university graduate courses). In addition, teachers are asked to provide information on the number of children who are considered eligible for service.

Action 5. The completed proposal is signed by the key administrator, principal(s), other specified personnel (e.g., specialists or teacher association representative), and the consulting teacher. The proposal includes the needs assessment verification of eligible children; objectives for the first year; long-range objectives in relation to serving all eligible children in the district; a plan for the coordination of special services; roles of consulting teacher and assistant; roles of administrators, including supervision and evaluation of the consulting teacher; roles of teachers; and a milestone schedule for the following year.

Solution: *Combine local, university, and state department of education resources.*

In addition to the support provided the consulting teacher, as described in the proposal, the district provides financial support for the consulting teacher program. A second resource is the University of Vermont. (a) The university is accountable for training the consulting teacher. (b) As associate faculty of the Special Education Area, consulting teachers may provide courses within the district for university credit. Since the districts provide consulting teacher salaries, the Office of Continuing Education provides tuition vouchers in lieu of paying salaries to the district consulting teachers. (c) University faculty members participate in district site visits and provide opportunities for written dissemination so that district teachers can be recognized for their services to handicapped children.

The third support source is the Vermont State Department of Education. (a) It provides special competency-based certification for the consulting teacher as well as for teachers who have been trained to provide services for handicapped learners within regular classrooms. (b) The Division of Special Education and Pupil Personnel Services funds 75 percent of the salaries for personnel working in approved special education programs. (c) Furthermore, state personnel are available for evaluation activities and on-site technical assistance.

Personnel from the Addison Northeast Supervisory School District completed these preliminary actions by Spring 1973. The district contains five small rural towns with 880 children in grades one through six. It was estimated that 150 children might be eligible for special services. Since the consulting teacher could not immediately serve that many children, the superintendent and the five principals agreed that priority would be given to children in the first and second grades.

Problem 4: *How to build credibility.*

One of the five towns had 88 elementary-school children in three classrooms in the school building, with an additional classroom in a trailer. Four teachers taught grades one through six. The townspeople were fiercely proud of their school and their children, as indicated by their participation in building the school themselves.

During the summer months, the district consulting teacher worked as a demonstration teacher for the UVM Special Education Area's summer program. A second-grade teacher from the district participated in the summer program and became enthusiastic about developing a research project to measure the effectiveness of teacher attention in increasing her second-grade children's skills in mathematics. On the first inservice day in late August, the consulting teacher, meeting with the second-grade teacher to review their research plans, discovered that a new principal had been hired. He had not participated in the Spring development activities. He questioned the consulting teacher's presence, and he particularly questioned the proposed "research project" since he understood that consulting teachers provided services to children. The research project was not undertaken.

Later in the Fall, the first-grade teacher referred a child to the consulting teacher who carefully informed the principal immediately of the referral and of subsequent meetings with the first-grade teacher. The program planned for the child appeared to be appropriate. However, it became obvious in two or three weeks that the first-grade teacher could not manage the teaching/learning procedures and the measurement system. Although the consulting teacher visited her daily to assist in organizing the materials and to provide social reinforcement for implementing procedures, the first-grade teacher continued to feel uncomfortable. Unfortunately, this apparent failure to assist the first-grade teacher supported the principal's belief that his teachers in fact did not need the services of such a consulting teacher.

In October, the second-grade teacher, who had been in summer school, referred a 9-year-old boy named Tommy (Marcy, Gemignani, & Grace, 1974). When Tommy first entered public school he was not toilet trained and was sent home after the first two weeks. He returned a year later and was given extensive psychological testing. It was concluded that Tommy was functioning mentally and physically three years below his age mates; he was labeled educable mentally retarded and was recommended for placement in a day school for retarded children. Tommy's deficits included some spasticity and deformities in his legs which contributed to an unusual but functional gait, and he was receiving medication for petit mal seizures. However, upon the principal's recommendation, the parents requested that Tommy continue to attend his neighborhood school. The building was just a few hundred feet from his home and Tommy was able to walk to school without assistance. His teacher was aware of the test results and knew the problems his previous teacher had encountered. She quickly referred him to the consulting teacher. Entry level measures in reading, language arts, and math indicated that Tommy would need reading material on a pre-primer level and math material on a first-grade level.

Solution: *Development and implementation of special service proposal.*

A careful assessment of each professional's entry level led to a set of proposal procedures based on reinforcement principles in order to avoid a repetition of the preceding apparent failures. Since Tommy's deficits were so severe, the consulting teacher and teacher requested support from the principal and the superintendent to write a proposal for assistance from the State Department of Education. The proposal requested state funding for a paraprofessional and learning materials. It described the reading, math, and language arts objectives to be achieved by Tommy by the end of two years of consulting teacher service; the materials and teaching/learning procedures; and the measurement systems to evaluate Tommy's progress. The proposal detailed the roles of the classroom teacher (Table 2), the paraprofessional (Table 3), the training procedures to be implemented by the consulting teacher (Table 4), as well as the consulting teacher's role (Table 5).

Upon acceptance of the proposal and the granting of state funds, Tommy's parents were notified of the plans and they signed a letter of permission for implementing services. Training procedures for the paraprofessional were implemented. After the assigned readings and written units were completed, the consulting teacher provided social reinforcement and encouragement when the paraprofessional discussed the content of the assignments. They also planned teaching strategies to increase Tommy's learning rate. The consulting teacher and para-

Table 2

The Teacher's Role in
Tommy's Program

1. Provide half hour one-to-one reading sessions.
2. Assist aide in preparing math materials.
3. Monitor child's behavior throughout the day.
4. Provide feedback to child and aide.
5. Meet with the C.T. to evaluate and revise learning programs.
6. Meet with parents.

Table 3

The Paraprofessional's Role in
Tommy's Program

1. Provide services to referred child in reading, language arts, penmanship, math, and social behaviors.
2. Tutor on one-to-one basis.
3. Prepare necessary teaching/learning materials and maintain an ample supply of same.
4. Observe and measure classroom behaviors with 90-100% reliability.
5. Demonstrate ability to measure behavior in each of the following ways:
   A. Tally or Event Recording
   B. Continuous Time
   C. Time Sample Measures
   D. Direct Measurement of Permanent Products
6. Retrieve and collate behavioral data.
7. Maintain daily graphs.
8. Manage a class of 24 children.
9. Learn how to reinforce contingently.
10. Attend training sessions and conferences with C.T.
11. Keep teacher, C.T. and principal informed of student's progress.
12. Will not change any procedure without consent of C.T.
13. Maintain cheerful disposition at all times.

Table 4

Training Program for the Paraprofessional in Tommy's Program

Weeks 1 & 2	½ hr. tutoring (e.g., Palo Alto) ½ hr. managing class 2 hrs. studying (20 hrs.)
Weeks 3 & 4	½ hr. tutoring (Palo Alto) ½ hr. classroom management ½ hr. tutoring (Addison-Wesley) 1-1½ hr. studying (15 hrs.)
Week 5	Assume full schedule

Table 5

Consulting Teacher's Role in Tommy's Program

1. Train paraprofessional.
2. Coordinate learning programs.
3. Monitor child's progress.
4. Evaluate and revise learning programs based on child's performance.
5. Provide assistance, materials, support, and encouragement.

professional role-played the learning situation. First, the paraprofessional played the part of the learner while the consulting teacher presented the instructions, recorded responses, and provided the specified consequences. Then the paraprofessional performed these activities while the consulting teacher acted as the learner. When the paraprofessional performed the specified activities with 100% accuracy according to the written instructions, and when the data recorded on the learner's responses were 90%-100% reliable, the paraprofessional began the procedures in the classroom with Tommy. Daily contact was provided by the consulting teacher to review the paraprofessional's progress in implementing the procedures.

Gradually, the consulting teacher asked the classroom teacher to provide feedback for the paraprofessional's classroom activities. After one month of training, the paraprofessional and the consulting teacher met only on a weekly basis for approximately one hour to inspect Tommy's daily progress and to adjust the teaching/learning procedures when the data indicated.

The classroom teacher met with Tommy daily for a 30-minute reading session using the *Ginn 360*. Her instructional program applied two reinforcement principles:* (a) *Imitation training and social reinforcement for word acquisition.* Social reinforcement was provided for correct word recognition. For errors, the teacher told Tommy the word and Tommy imitated her. (b) *Oral reading and comprehension contingent on word acquisition.* When Tommy learned all the words for a story, he was allowed to read the story to the teacher. Tommy

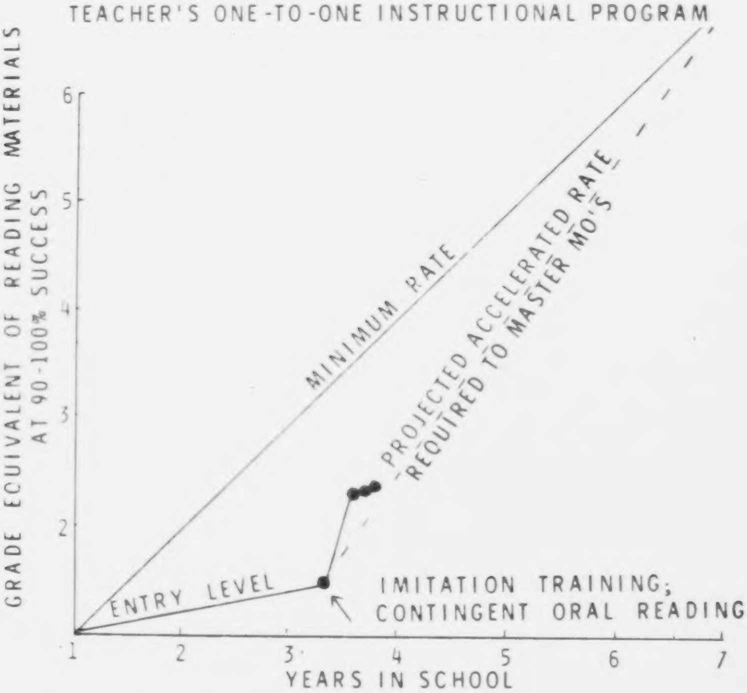

Figure 6. Results of the teacher's one-to-one instructional program for Tommy in reading.

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*For a more complete description of these procedures and data evaluating the effects, see Burdett & Fox (1973).

was praised for reading correctly. When Tommy misread a word, the teacher said the word, and Tommy imitated her and continued reading. The teacher asked Tommy five comprehension questions when he completed the reading assignment. Tommy was praised for correct answers. When Tommy answered incorrectly, the teacher told him the correct answer. Figure 6 shows Tommy's increased rate of achieving the minimum objectives in the *Ginn 360* reading program during the teacher's one-to-one instructional program. Tommy's entry point showed him to be at the 1.5 grade-level equivalent. Over a five-month period, Tommy completed materials at the 2.3 grade-level equivalent.

The paraprofessional implemented the Palo Alto language program during a 30-minute daily session. The instructional program applied two reinforcement principles: (a) *Immediate correction of written work*. As Tommy completed each page in the Palo Alto workbook, the paraprofessional marked "C" on the correct answers. Tommy reworked incorrect answers until they were right. (b) *Imitation training for oral responses*. When Tommy orally read from the Palo Alto readers, the paraprofessional praised his correct reading. When Tommy misread a word, the paraprofessional told him the word and Tommy repeated it. Figure 7 shows Tommy's accelerated rate of acquiring the minimum objectives in the Palo Alto program. Over a five-month period, Tommy completed the first five books in the Palo Alto series.

In the math program, the paraprofessional applied the reinforcement principle of *immediate correction of written work*. When Tommy completed an assignment, the paraprofessional marked "C" on the

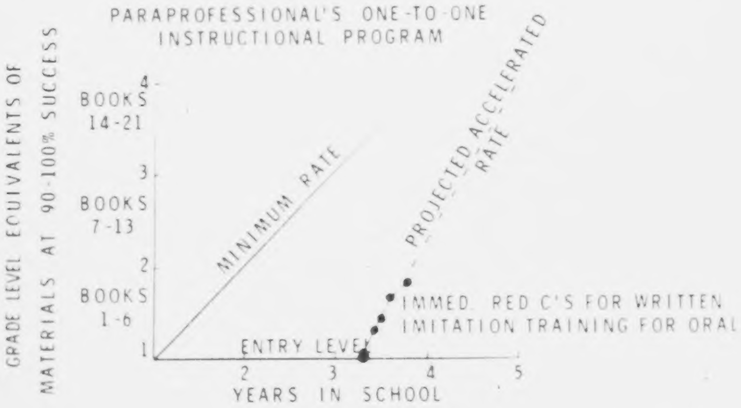

Figure 7. Results of the paraprofessional's one-to-one instructional program for Tommy in language arts.

correct answers. Figure 8 shows Tommy's accelerated rate of achieving minimum math objectives. His entry level measures were at the 1.5 grade-level equivalent before the program was implemented. After three months, Tommy's accelerated rate of achieving math objectives was above the 3.5 grade-level equivalent, which placed him on target for achieving objectives at a rate fast enough to insure acquisition of all minimum math objectives by the end of six years in school (Fig. 8).

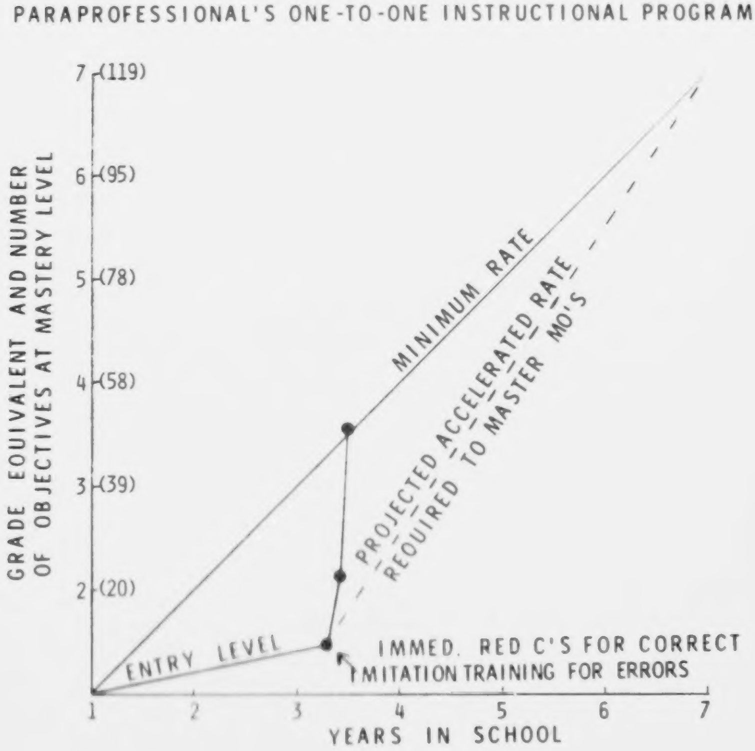

Figure 8. Results of the paraprofessional's one-to-one instructional program for Tommy in math.

Although Tommy's rate of acquiring the minimum math objectives increased dramatically, the daily measures showed that Tommy's rate of completing quizzes on basic addition facts (sums less than 19) was too slow to meet the stated criterion. The consulting teacher, teacher, and paraprofessional redesigned the program to apply the principles of shaping (gradually increasing criteria) and contingent reinforcement to increase Tommy's rate for correct answers on the quizzes (providing pieces of candy for meeting each criterion). Figure 9 shows that Tommy's entry level rate of 15 correct answers in 5 minutes increased to 25 correct when the criterion was established at 25 correct. When the criterion was again increased (to 30), Tommy's average rate increased to 32. Thus, he gradually approached the required success level.

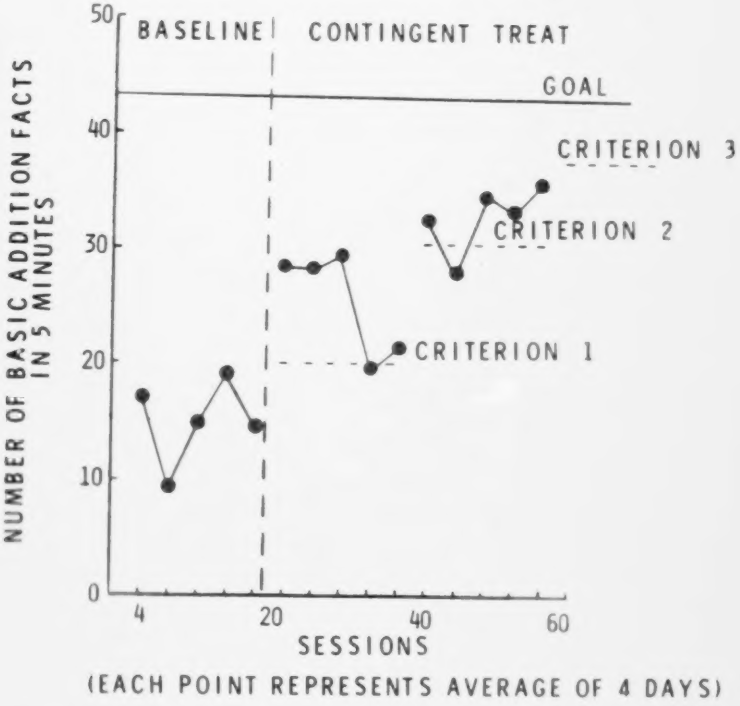

Figure 9. Results of the redesigned program to accelerate Tommy's rate of learning basic math facts.

Discussions and Issues

The same reinforcement principles applied by the consulting teacher and the second-grade teacher to increase Tommy's rate of acquiring new skills were also applied to the "consulting problems."

Had the consulting teacher remembered to first check with the building principal when meeting a teacher in his school, the principal might not have felt so uncomfortable. Furthermore, had the consulting teacher explained the meaning of "research project" (she and the teacher wanted to see if children's progress in math could be accelerated by using contingent teacher attention), the principal might have seen that "service" and "research" can be compatible. The consulting teacher forgot to take into account the principal's entry level and used technical language at an inappropriate time.

The consulting teacher planned a set of procedures with the first-grade teacher which seemed appropriate. Although the teacher used parts of the procedures, they were not implemented in a systematic fashion. Thus, the procedures were not appropriate for the teacher's entry level. The consulting teacher's alternatives included changing the procedures and allowing the teacher to use the parts with which she felt most comfortable. While the second action appeared to be a "failure" in the Fall, it allowed the consulting teacher to continue a positive relationship with the teacher.

In developing a program for Tommy, the consulting teacher asked for the participation of all professionals before service began. Thus, each person was provided with the opportunity to specify her/his role at her/his entry level. The proposal also publicly outlined the procedures to be employed for training the paraprofessional: the uses of antecedent stimuli (in the form of readings and modeling by the consulting teacher), consequences (in the form of consulting teacher and teacher praise and money), and shaping (gradually increasing the paraprofessional's duties as she was trained to take over more of the teaching/learning procedures). The training program for Tommy was equally delineated.

As Tommy progressed, the principal learned of the parents' positive comments on what his school was doing for Tommy. The consulting teacher had more opportunities to interact with the principal concerning Tommy's improvement and to provide him with feedback on his valuable participation. In addition, the teacher was provided positive feedback on her important teaching/learning procedures by the principal, the consulting teacher, and the parents. Thus, every person's entry level changed—Tommy's, the teacher's, the paraprofessional's, the principal's, and the consulting teacher's.

Although these procedures proved effective for all participating persons, including Tommy, assurance of continued progress for Tommy is still tentative. It will be assured as long as the educational personnel in his district continue to resolve the following basic issues to which *every* teacher, principal, and parent must attend when implementing an instructional objective-based model to provide special education within regular classrooms.

Issue 1. Can a child who is not tested on any typical psychoeducational or achievement test be considered eligible for special education?

The instructional objective-based model avoids categorization, stigma, and labels. Entry level measures of direct classroom performance for a referred child are obtained by the classroom teacher and verified by independent observers. These measures are obtained in the referred area and are related to the set of minimum skills required for all children to function successfully.

Issue 2. Can a classroom teacher reliably identify an eligible child?

The model allows a teacher to measure the discrepancy between current performance and the minimum level required to master essential skills.

Issue 3. Can the progress of a special education child be observable in terms of the general education system?

The model provides a direct measure of accountability by evaluating intervention systems in terms of the child's increased classroom performance on mastering the set of minimum skills. The model provides a measurement system which applies to evaluating educational programs for all children.

Issue 4. Must learning deficits be considered permanent?

Evaluation measures for more than 1088 children indicate that eligible children can master essential skills and exit from special services. Special educational decisions need no longer be made on the basis of assumed permanent deficits in mental, emotional, or neurological functions.

Within each school district, however, each eligible child's teacher, principal, and parent must learn to employ systematic direct measurement of performance, develop individualized instructional objectives related to the minimum objectives, apply reinforcement principles effectively, regularly evaluate current programs in terms of measured increases in the child's performance, and *redesign* programs until measures indicate the programs are effectively accelerating the child's progress. The systematic application of the same basic reinforcement principles to increasing the skills of educational personnel will assure that school systems can learn to be effectively responsive to the individual learner's entry levels, learning styles, and reinforcement systems.

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Discussion

Lates: Earlier today it was said that a consultant must be either a child advocate or teacher advocate. How do you do both? Three years ago, we were fighting hard for the child; we still think we are doing so but we learned that we had better begin to look and listen and react to other stimuli around that child. We had better begin to understand where teachers and principals as well as the child are at.

Comment: You still have the child as your primary focus. You're just going at it a little bit differently.

Egner: When you have a trained educational staff that looks at the learner and his performance as the primary evaluative tool, it doesn't matter what your intervention system is. If the school chooses to send Tommy home for a year, it must still look at his performance. If he can demonstrate learning at home, then the intervention procedure that let him stay home for a year can be considered effective. However, it is a very costly procedure because you have to wait a year to find out.

Question: Would your consulting teacher advocate not sending the child home?

Lates: I think that she would try to find every other avenue that might be acceptable to the school staff. In the end, if the staff insisted on sending the child home, she would have to make the home situation the very best she possibly could.

Cohen: I think that the testing of children is inadequate. There is a polarization. Some groups want very finite educational testing, not psychological but educational, in terms of motor and perceptual disabilities. They want to know if the child is able to learn better through listening or visual or tactile modes. This is an interesting, fertile issue. In Boston, we're trying very hard to analyze the profile of a child's learning capabilities—how he learns the best. So we are encouraging our teachers to give extra tests.

Egner: I think that that's still a possibility for teachers who adopt our kind of system. The modality becomes the possible teaching-learning procedure, and you observe the effects of that modality in the child's mastery of the curriculum objectives. As our teachers become creative and flexible in permitting one child to listen to a tape recorder, another child to listen to a tutor, another child to watch a tape, it then becomes a management problem in delivering those different systems of transmitting information. However, the ultimate evaluative tool is whether the child's performance increases.

Question: What happens to the teacher's information, knowledge, or skills once the consulting teacher leaves? Have you looked at the question of whether those obtained skills are generalized to other kids afterwards?

Lates: We don't foresee any consulting teacher's ever leaving unless (s)he dies. That is an unrealistic expectation, of course. We work on plans with the consulting teachers for total populations. If a consulting teacher in a district has 500 school-age children and about 20 teachers, we estimate that it would take about seven years for her to have an entire system going for all of the 500 children who are eligible for special education.

Egner: In addition, we are challenged to make sure that the skills the teacher acquires are so essential that they will be maintained by the general educational system.

Comment: Your system also provides immediate feedback about success to teachers which should help make training easier.

Egner: The skills are not necessarily connected with the consulting teacher at all. They are viable in and of themselves so they somehow maintain the teacher's behavior.

Question: What percentage of the consulting teacher's time goes into the maintenance of teacher skills as opposed to the original teaching? Do you start with a thick block of time and then continue with a lesser block? How long do teachers keep referring students, as opposed to how soon they pick them up themselves?

Egner: There is a cumulative effect. The longer the teacher interacts in a situation and the more demonstrations she has that she can be responsive to individual differences and properly support the children in the classroom, the less she is likely to refer cases she can handle, and yet the more likely she is to refer cases she can't handle. The nature of the consultation changes.

This system helps every teacher who uses it to say, "Wow! This works! I can let the child do this, this, and this; now I can spend my time doing such and such with so and so." Teachers begin to look at how to manage their instructional time in relation to the learner's performance. The measurement system gives them an early warning to call in the educational specialist when a problem appears. Our energies are concentrated on trying to establish flexibility for and responsiveness to the handicapped children.

Question: If your program is like everybody else's in which special teachers are involved, there is an abundance of referrals for the available manpower. How, then, do you determine your priorities?

Egner: One way is to develop a trained staff of teachers in a school system. Then a decision is made in conjunction with the key administrator and the other special education teams. In one situation, for example, the principals and superintendent felt that it was imperative to start with the lower grades first. So it was arbitrarily established that only the first, second, and third grade teachers would refer children to the consulting teachers.

Question: What if a sixth-grade kid is falling out and the parents ask, "How come my kid isn't getting any service?"

Lates: Our plan is to get to those sixth-grade teachers by 1976. Yet, if a consulting teacher can possibly provide services to that child she will.

Parker: Dr. Faust, in your book on consulting with teachers, your suggested priority was to work with groups of teachers. I wonder if you have any comments about the processes the Vermont people are engaged in.

Faust: It is exciting to hear about the Vermont approach; they are reaching a whole lot more of the kids by going through the teachers. I wrote a paper back in the middle fifties that almost replicates what Egner and Lates are talking about. It expressed the hope that ultimately we would reach all of the teachers; it would take a few years but we would get there. By working principally with one teacher, you can touch 700 kids for each of that teacher's 20 years of teaching. I have found that you can't be too effective working on a one-to-one basis. Working in small groups is more effective.

On the other hand, what happens in my kind of consultation is quite different from what is being done in Vermont. The child is all important and that is why consulting teachers work with teachers. The products of learning—what Egner and Lates have been talking about in their illustrations—are important because they are what schools are all about. For example, learning how to read is a product. Kids are sent to schools to be changed, to produce products. Products are important so that we can have a great society, one without crime, disease, and war and one without crippled, impaired, or damaged persons. If products are that important they almost have to be relegated to an unimportant position. The person must become all important. A teacher is the key. It is the teacher who can change the child or the principal, not the consultant. Until the teachers focus on the person and go through the person to get to the products, consulting teachers are not really going to have the kind of role you are looking for.

Question: What is the training for Vermont's consulting teachers?

Egner: It's a very intensive 2½-year training program that requires each candidate to demonstrate behavioral change in at least 32 learners who are eligible for special education. Some of the categories of exceptionality for which they must demonstrate behavioral change include the profoundly multiple handicapped, children who are not of legal school age—the early education kids—and children with social maladaptive behaviors, and so forth.

Parker: Dr. Blocher, I wonder if this is an appropriate time for you to introduce an appraisal of the Vermont model of consultation in terms of your model?

Blocher: I don't know whether that would be very helpful right now because I am not sure that anyone is familiar with my model. I was thinking, during the presentation, that implicit in what goes on in the Vermont model are some variables which weren't discussed. The importance of the consulting teacher in establishing credibility was touched on. In the example given us, the consultant made a bad start in building relationships and opening communications with the teachers and the principal, but then she was able to reassess the situation. My guess is that some very interesting things went on which weren't described to us. The consulting teacher went into the classroom and modeled a lot of behavior, particularly for the aide, and probably some for the teacher also. It seems to me that the consulting teacher employed a number of sources of gain which we haven't heard about.

One of the things I've seen my model do is simply describe how you harness a number of sources of gain to build power in the behavior change treatments. My guess is that relationship factors were employed in the example. Two-way communication between the teacher and the consulting teacher was established. A modeling effect, feedback, and reinforcement behavior were employed. In particular, the aide's behavior was shaped. Thus, a number of sources of gain were employed in that situation but they were not fully described.

My model describes more explicitly the sources of gain which a consultant can build into her/his intervention. They are present in most successful interventions. Often, however, we focus upon only one or two of them in building a model.

One of the noteworthy things is that the consulting teachers model the same kind of behavior change process which they try to get the teachers to introduce. They stress—what I call "load heavily"—shaping and modeling because those are probably two of the interventions they want consulting teachers to employ. In turn, they expect the classroom teachers to use the same techniques.

Lates: I think that that principal's turn-about had little to do with the consulting teacher's working with the classroom teacher and child.

Comment: One of the dynamics that I think is important, particularly in small schools, is that as your consulting teacher comes in you introduce a whole new role in a fairly simple role structure, and the teacher becomes a significant person. This does some things to the principal and his perceptions of himself, his usefulness, and the relationships he has and wants to have with his teachers. What you get is a modeling effect. He wants to be like the consulting teacher. He wants to have those thrills and talk that language. A principal, for example, may be interested enough to go to summer school so that he can, in a sense, compete with the consulting teacher, and to help, of course.

Egner: In Vermont, the principal is considered the leader of the educational community. We have to be very careful not to deny him the reinforcers that he is used to. Typically, however, he's used to being the punisher in the school system. In some cases, we actually have to set up the situation for the principal to be a reinforcing agent instead of a punisher. Our example avoided the principal. We did not capitalize on his potential as a reinforcing agent with the teacher. Other consulting teachers have actually set it up for the principal to just happen by while the teacher is doing her thing with the kid and become the second observer. He actually takes the data and checks out the teacher's measures; he has a schedule wherein he goes into a teacher's room on a regular basis to see how Johnny's doing. In other schools, the principal is a co-workshop leader. He gives the workshop and the consulting teacher sits there helping the principal do the workshop. There are many ways in which one can capitalize on the principal's being the educational leader.

Reynolds: One of the problems is that although you try awfully hard to keep the attention on the child, there could be a lot of pressures on you for capture by the problems of the teacher and principal. You could become the good guy serving their needs. It could be that a teacher really would like to get rid of a very difficult child. Or you could become friendly and all sorts of personal material could be dumped on you by the teacher and principal, and you would start working on that.

Question: Has that been a problem? Do you have to warn consulting teachers not to be seduced into serving the teacher's or principal's needs?

Lates: Perhaps the problem doesn't arise because of two things. In that 2½ years of training, it's pretty well ingrained in all of us that we are not prepared to say, "I can't help this child." We'll keep on trying; we'll change whatever we have to change; we'll stand on our heads, if it will help; we'll do anything if we think that it will make a difference.

Question: What if the teacher says, "I just can't concentrate today because my husband is mistreating me and I really want to talk to you about that." Will you do it?

Lates: First we'll talk business and then we'll talk about the beatings.

Cohen: In the consulting school of thought I come from, we never get into personal relationships.

Lates: Personal relationships help a lot. If a teacher is uptight about his third-grade daughter and I've got a daughter who's going into third grade, I'm worried about that, too. We try to relate whatever kind of person we are and to share interests and experiences and then go on from there. It seems to have worked best for me to have that kind of base so that I'm not coming in as *the* expert teacher trainer. Although that is the role and it is our goal, it's seen only as a shared experience with the teacher. I've never been able to make it work any other way.

Cohen: I was kidding a little about the role that a psychiatrist has. There is some professional expectation when you are a psychologist. I can see that in a teacher-to-teacher relationship you would not overstep those boundaries. As a psychiatrist and a teacher, however, the boundaries are difficult.

Comment: I am struck by a difference between the Vermont model and the mental health consultation model. In Vermont, they do not talk about the psychodynamics of the child. They talk about the learning rate of the child and what they do with the child so that he will learn. When the teacher says, "I've got problems with my kids," the statement doesn't arise out of the children's psychodynamics. The statement is more of a peer sort of sharing.

Comment: Until you get positive feedback, in terms of change in student behavior, you've got to have some reinforcers going for you to keep that teacher working. Those reinforcements probably arise out of a personal relationship. You can't afford to let those go until you get that feedback on the student behavior.

Egner: You're absolutely right. That is the social interaction of stopping by the teacher's room, which Deno talked about: the cheerful consultant—"How's it going today?" If the teacher says, "Gee, I got in a big fight with my husband and couldn't take your data today," it's very hard to say, "That's all; I'm not going to talk to you." You nod and say, "That's too bad. I'll be around tomorrow earlier and maybe I can help you get that particular piece of information." Or you say other things.

Some of our potential reinforcers beyond the social include materials. If a sixth-grade teacher has 50 kids in a language arts class, she probably has five kids who are reading at the fourth-grade level. Since it is not likely that she'll have fourth-grade textbooks, we beg, borrow, or steal from another part of the district to bring in fourth-grade textbooks for her. Or we have our aide turn out mimeographed materials that teachers can use. We try to meet each teacher at her/his individual level of need. For some teachers, it is enough to have a cup of coffee or cigarette; for other teachers, that isn't nearly enough. They may need materials or something else. For example, one consulting teacher found that the men teachers in the district liked to argue. She set things up so they could argue with her. They had long discussions about, "Is behavior theory really a good way to look at kids?" and so forth.

Lates: We also celebrate a lot. When something goes well, everyone just screams it: "Hip, hip, hooray for Mrs. X and Johnny!" Pretty soon management isn't the consulting teacher's job anymore because the teachers are doing it.

Egner: I've even had celebrations because the teacher got a piece of baseline data. "This teacher worked so hard! She found out that he had zero today! Isn't that wonderful!"

Tharp: My experiences are much like those of Vermont but different in a significant way. My experience has been that any time you step over that line and start talking about the teacher's marital problems or hallucinations or whatever, you are setting yourself up. I am not speaking of psychologists or psychiatrists, but it is true of our teachers who are also consultants. Getting personal has screwed everything up every time, invariably, and has resulted in losing the data, the test programs, and so forth. That made me wonder about the difference in the roles that are set. How exactly are consulting teachers structurally integrated into the school organization? How are they seen? Are they like a part of the school? Are they going to be there forever? Do you rotate them around? Are they always there? Do they live in the school? What's their supervisory structure like? Do they report through the principal on up to the superintendent or do they report to you?

Egner: It differs. In some districts, a consulting teacher may be hired by a building. In that case, she lives there and her office is in a teacher's room or some closet. We don't have enough space in most Vermont schools to have a fancy place and I think that that's great. The consulting teacher is never considered a sort of fancy frill which the teachers don't care to use. A consulting teacher hired by a building does all her work there. She or he is directly responsible to the principal. Thus, the consulting teacher is seen as an integral member of that educational system, of that faculty.

In other districts with 7 or 8 schools, there may be 1, 2, or 3 consulting teachers. There, the situation is a little trickier because, generally, while the principal plays some administrative role, an assistant superintendent is usually designated as the key administrator. That adds to the burden of the consulting teacher's job because of the difficulties of communication. You always have to maintain communication with the principals, but you have to find out the kinds of communication they want to engage in. On top of that, you have the communication system with the assistant superintendent. You spend a lot more time in that kind of district just developing those lines of communication and making sure that they are all maintained. If a consulting teacher errs she may be seen as some sort of extra person, and the reaction to her may be, "She's here to check us out." It takes a long time to overcome that suspicion.

Question: After all this training do the consulting teachers operate as independent professionals? Or do supervisors or other consultants go along with them?

Egner: They are evaluated yearly by their districts. We have a consulting teacher association in the state. Grievances by a parent or teacher or whoever could be brought to it if it were thought that a consulting teacher was not practicing appropriately.

Question: Does the resource teacher ever get involved in evaluating the regular classroom teacher?

Lates: No. We would never do that.

Question: Is there any chance that a teacher might see the consulting teacher as a semi-supervisory person?

Lates: Yes. Particularly when the program is new. The situation must be handled very carefully. That is why we have that internship year in which we are still available to help out so a program won't get off to a bad start.

Question: Do you ever find situations in which teachers need to be removed from classrooms? What do you do?

Lates: I think it is obvious that we would have teachers who lack skills at a particular moment to deal with particular children. If a teacher refers a child to us, she is asking for aid to deal with that child. In turn, we ask for time to help the teacher acquire the necessary skills. We start with a very small segment of the child's day: "Let's try to deal with this part of his day. Then, if we find something that is effective, let's extend it to the whole day." It is a step-by-step process and the solution must be one which the teacher can accommodate.

Question: Do you believe that your basic paradigm is that by manipulating the analysis and sequencing of new materials, manipulating the provision for feedback, plus manipulating contingencies for reinforcement, increases in the rate of learning are yielded for all kids?

Egner: Right. But that's to be determined empirically.

A Systems Approach to Improving Teacher Effectiveness

The Houston plan for improving teacher effectiveness was based on one major assumption: that it was not possible to effect change in the way teachers worked with nonachieving students unless there was massive systemwide change. Most attempts to change teacher behavior fail because of deficiencies in the consultation and/or training process. The instigators of the Houston plan recognized that without appropriate system supports, the work of an effective consultant easily could be cancelled out by the inertia of the system.

The Houston plan is based on the principles of behavior analysis and contingency management, and a procedure was instituted to teach these principles to all teachers in the system and to reinforce their use. The emphases are on student achievement and creating classroom environments in which all students can achieve. In Dollar and Klinger's description of the plan and its operations, there is exemplified a total system which has been established according to a consistent approach to learning and behavior change.

The subsequent discussion, by contrast, focused on how one goes about making such massive changes in a school district as large and complex as that of Houston. There, the changes were made largely through political and administrative means and not through the consultation processes which were under examination at this conference. In fact, some of the theoretical postulates described in the papers by Blocher, Brokes, Cohen, Faust, and Tharp were rather directly violated in Houston. The case is a good illustration of the fact that there are alternative strategies to consultation as a means of change. However, we do not yet know the relative degree of success of such alternative strategies over the long haul. For example, the discussion highlights the fact that in order for a new approach to teaching to be started in Houston, the psychologists developed the content and structure of the Learning Centers. In the process, they were forced to circumvent the curriculum supervisors in the district who ordinarily would have had responsibility for such training. As the teachers learned the benefits of the new system they began to pressure supervisors for help which the latter were not prepared to give. This discrepancy created a tension which led to the reorganization described by Klinger in his epilog.

The discussion leads directly into the case of the Boston schools, described by Johnson, in which the focus is upon the process of change through consultation in an equally large metropolitan school district, which is also under legislative mandate to eliminate the removal from regular classes of children with special education problems.

A Systems Approach to Improving Teacher Effectiveness: A Triadic Model of Consultation and Change

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The consultation process clearly extends beyond the immediate, face-to-face relationship of consultant and consultee. Unfortunately, most of the literature regarding consultation tends to focus mainly on the behavioral operations or personal interaction that define a given consultation model. For example, a frequently employed role description characterizes the consultant as a "data-based problem solver." Such definitions may be sound but they often ignore a number of critically important *system* variables that effectively control not only the nature of the data collected but also the issues which are defined as problems and the manner in which the problems are resolved.

Models of consultation that fail to include mechanisms for systems analysis appear to limit from the outset the potential impact of any consultation effort. In reality, much of the frustration experienced by consultants and teachers alike is produced by the failure to effect long-term behavioral change. It is likely that such recurring failure is related directly to the level and rate of change that will be tolerated or reinforced by the system in which the participants exist. Sarason (1971) discussed the behavioral, systematic, and programmatic "regularities" that essentially reflect the control of the contextual environment upon an individual's behavior; for example, one cannot reasonably ignore those regularities that permit the existence of consultants in a system, the persons to whom consultants relate, or the parameters that define the consultant's relationship. Instances of important programmatic regularities include the written and unwritten policies, rules, traditions, and decisions that characterize the system itself (e.g., WISC IQ scores of 60-70 define an EMR student; EMR students are taught in self-contained special education classes).

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[*] At the time of the conference, Dr. Dollar was the Assistant Superintendent of Educational Renewal in the Houston Independent School District.

An obvious implication of the relation between a system and its components is that *significant* change cannot be accomplished at one level alone. For example, if one assumes that a teacher's classroom behavior positively or negatively changes (or controls) the behaviors of students, one must also be willing to assume that a teacher's behaviors are consequated by personnel and policy in the school system outside the locus of the classroom (e.g., the building principal). Given the agreed upon need to change an existing regularity, it also is frequently necessary to assume or determine that (a) the educational establishment will permit teachers to emit these newly acquired alternative teaching responses and (b) the educational system is willing to make the necessary systematic alterations at many levels to support such divergent teaching strategies (e.g., to provide adequate training and follow-up; make available additional instructional materials). Briefly stated, significant change at any level, including teachers and administrators, requires *and* causes change at all other levels. Further, attempts to effect significant change at only one level result in system stress and ultimately lessen the probability of future change efforts.

A more precise example of the controlling nature of systematic regularities is evident in the somewhat controversial issues surrounding the role of the psychologist in the schools. For over a decade, teachers, school administrators, and psychologists themselves have demanded a redefinition of the critical dimensions of the school psychologist. The need for such a role shift has been documented consistently. Citing inadequate numbers of trained professionals, unmet needs of children and classroom teachers, and the dysfunction of psychometrically determined labeling and categorizing models, many national leaders have described alternative training/consultative roles for school psychologists. In addition, there are indications that many school-based professionals would actually prefer a consultative status with teachers and principals.

While the debate drags on, the majority of school psychologists continue to serve as "gate keepers" for special education classes. Where opportunities for consultation appear, the time/energy priority for such interactions is low, and alternatives for problem resolution within the system are few in number and narrow in scope. The painful fact is that school districts resolve most student-related problems by either pupil segregation or exclusion. Dysfunctional programmatic regularities continue to be reinforced each time the system excludes a child but, typically, the school psychologist either cannot or does not control the contingencies for system-level change.

The objective of this section is to address the limitations inherent in consultation approaches that view problems as existing solely within the narrow confines of the classroom or school. The implications suggested by this position are that (a) even in those instances in which consultants function productively, their roles and effectiveness are predetermined in large part by the system; (b) if the administrative characteristics of a given system are modified, the behaviors of the persons working within the system will be altered in proportionate degree; and (c) significant changes in a system's existing regularities control the consultant's behavior more than the consultation models which the consultant might attempt to emulate.

The following sections describe the results of systematically changing the programmatic regularities of a previously categorical special education program and the resulting impact on the people within the system. In part, these changes were accomplished to provide the backup support services required to maintain in or return children with behavioral and/or learning difficulties to the regular classroom. Registered at all levels, the establishment of this teaching and training/consultation service network constituted the conditions for the extinction of many previously reinforced regularities and the adoption of a variety of apparently more productive regularities.

The Houston Plan

The Comprehensive State Plan for Special Education, as the legislation is called, set the conditions for a totally new way of operating for many professionals within the Houston Independent School District. To review briefly, the Houston Independent School District (HISD) is the seventh largest of the great city school districts with an annual enrollment of nearly 215,000 students. Like most other districts of its size, it has many of the same negative characteristics (e.g., white flight, old buildings, high teacher-student ratios, etc.). In 1971-1972 HISD served nearly 10,500 students in more than 700 self-contained special education classes. The manner in which most of the students were channeled into the special classes was the typical referral-test-report-exit model, complete with psychometrists, test kits, and long waiting lists.

The flexibility created by the Legislature's new funding system had as its explicitly stated objective the serving of increased numbers of exceptional children by focusing upon programing the regular classroom teacher to share a greater responsibility for them. In accomplishing this objective, traditional methods of labeling and segregating children with learning problems became quickly obsolete.

Following the legislative action, a massive departmental reorganization was effected within HISD; it involved both the special education and psychological service components. From this internal process, the Center for Human Resources Development and Educational Renewal (CHRD) evolved. The key organizational structure in CHRD is the deployment of previously isolated support specialists into six area teams (matching the six administrative/geographic areas of the school district). Each area team is interdisciplinary and is composed of from eight to ten psychologists, diagnosticians, special education counselors, and teacher consultants. Each team is administered by an Area Service Officer who is responsible for the total special education/psychological services program within the assigned geographical area. It is important to note that the area team members have generic roles as trainer/consultants, and the role definition has few elements which are even remotely related to psychometry.

The Precision Learning Centers

To provide more immediate access to special education support services at levels closer to the regular classroom, a continuum of services was designed. A vital component of this system was the creation of 104 Precision Learning Centers (PLCs). Each PLC is staffed by a Learning Facilitator, Diagnostic/Precision Teacher, and an instructional aide. As its name implies, the PLC system focuses on the precise data collection techniques (i.e., Lindsley, Pennypacker) as an essential element of each child's educational plan, which directly reflects the emphasis for quality control. Since the implementation of the original 85 PLCs in 1972, the number of children reached by the CHRD program had increased to over 21,000. To establish the currently operational PLCs, the students in approximately 300 self-contained special classes were individually screened and the majority were integrated into regular education programs. Students may cycle in and out of the PLC at any time period but not for more than 50 percent of the school day.

There follow some of the critical elements of the PLC:

1. A 60-day (maximum) diagnostic phase that places the greatest emphasis on diagnostic teaching, classroom observation, and precision data collection (repeated one-minute time samples).
2. A local Student Resources Committee, consisting of PLC and regular staff, counselors, parents, the school principal, and other con-

cerned individuals, that is responsible for a cooperative two-part educational plan. The components of the latter are a professional role responsibility section (for the PLC and regular education teachers), and a three-week "self-terminating" educational planning sheet (including standard daily behavior chart) which is used by the Learning Facilitator. This educational planning sheet must be reviewed minimally at three-week intervals to prevent children from getting "lost" in the shuffle.

3. Each PLC establishes student and curriculum management systems for individualized instruction that include alternative instructional arrangements for presenting curriculum content via an array of learning style and environmental variations.

The Learning Resource Center

In order to provide PLC personnel with the obviously needed training experiences, Learning Resource Centers (LRCs) were established in each of the six administrative/geographic school district areas. The creation of the six LRCs accomplished the following two major programmatic objectives:

1. To provide a systematic vehicle for on-going teacher inservice and quality control.

2. To specifically define and control area team members' behaviors as teacher trainers and, through the management-by-objectives mechanism, provide a meaningful and relevant mechanism for in-school consultation.

The area team members are assigned to an average of four groups of PLCs. Once a week, each PLC group cycles through the LRC located in its geographic area for a three-hour training session. The conceptual relationship between the LRC and the PLC faculty is much the same as the PLC relationship with the elementary-school students (i.e., LRC:PLC personnel::PLC: elementary-school students). The area team members who consult weekly with the PLC staff in their local school are the same team members who meet with them in the LRC.

Two components that characterize each LRC are (a) the inservice, data collection, modeling component directed by the team members; and (b) a materials production and retrieval component staffed by a trained materials specialist and materials aide. Within the component directed by the team members, a variety of PLC content related resources are available. Although direct instruction and problem-solving sessions occur regularly, each PLC faculty member also has an educational plan and works at one of a number of individualized, self-paced, instructional components.

Finally, the PLC personnel bring to the Learning Resource Center the data they have collected on students with whom they are experiencing difficulty. These data provide for immediate and obviously relevant consultation topics and allow additional learning experiences for the entire group.

Teacher Renewal

The final program component of the Houston Plan is a systemwide training program for over 2,000 teachers which is called the Teacher Development Center. Originally, the Teacher Development Center was designed to provide the necessary teaching expertise to prepare regular and special class teachers for the "mainstreaming" of handicapped children as provided in Texas Senate Bill 230 or Plan A. The more we examined the task and attempted to identify teaching competencies relevant to labeled children, however, the more we realized that mainstreaming was an inadequate description of the needed future efforts. The real objective or task had to be in the direction of *changing* the mainstream. Thus, the generation of the training content and design produced a means of quickly increasing the accommodative and holding power of the regular classroom.

Since the primary rationale for changing teacher behaviors has been that teachers teach as they were taught, the Teacher Development Center's approach to training was to establish an environment in which the teacher will have to make each appropriate response that (s)he will later require of students. The training content is clustered around teacher-student interaction and the management of student-curricula interaction.

The goal of training teachers exactly as they are encouraged to teach is accomplished through an original and unique format called the Behavioral Skills Labs (BSLs). Five variables—the grouping of trainees, movement schedules, type of materials used, progress records, and amount of trainer control in determining the activities of the teachers—are systematically altered to permit the trainee to experience the effects of progressively more individualized training and classroom management. The progression of the trainee through the BSLs is managed by the trainer in five different management systems. Outlines of the systems follow:

Management system 1 (BSLs 1 and 2). Management System 1 represents the group lecture format. The trainer uses only the direct instruction area with overhead transparencies and role-playing activities to present the content of BSLs 1 and 2 (the effects of punishment and reinforcement).

The trainees ask questions by raising hands and being recognized by the trainer. Interactions among teachers are prohibited and the trainer controls the rate of presentation. After direct instruction is completed, the trainees are permitted, for 15-30 minutes, to use the one or two center areas, which are interest centers and not closely tied to the previously presented direct instruction.

Management system 2 (BSLs 3, 4, and 5). The class-size training room is physically divided into seven distinct geographical areas of activity. Each area within the room is marked with a symbol.

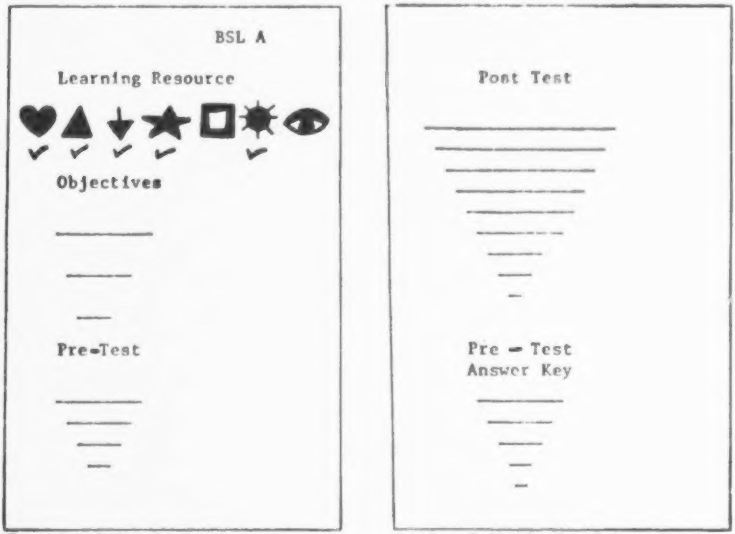
1. ♥ Instructional Center for introducing and/or discussing various concepts by the training staff.
2. 👁 Video-tape Center for observing concepts in action.
3. ★ Reading Center with multilevel articles to expand and develop presented skills (books are available to check out for additional reinforcement of concepts).
4. ✹ Problem-Solving Center with self-check problems directly related to classroom situations.
5. ▼ Filmstrip Center with sequenced audio-visual materials correlated to concepts.
6. ▣ Game Center with teacher-made games to provide a model for learning new concepts through games.
7. ⬆ Show and Tell Center with workable examples of techniques and instructional materials provided by former trainees (printed handouts are provided for all teachers).

The teachers are randomly divided into groups of five and assigned to begin work at one of the seven learning areas. Each trainee begins on BSL 3 (class rules and incompatible behaviors) and finishes with BSL 5 (direct and indirect reinforcers). Each teacher spends exactly ten minutes in each center. The trainer programs for each group the sequence of movement through the centers as well as the fixed time interval, material to be covered, rate of presentation in direct instruction, and materials used.

Management system 3 (BSLs 6, 7, and review). At this point, each trainee is given a diagnostic or screening test that covers the entire 16 lab content sequence. The results of the test are used to group the teachers homogeneously for placement into the appropriate BSL. Movement of the groups is determined by group task completion or a group-paced schedule. Thus, peer tutoring is natural and easily established. The order of centers visited by each group is determined by the trainer. The length of time required to complete the visit to each center and the time required at each center is controlled by the trainees.

The materials are multilevel and the trainer begins by recording the labs mastered by each teacher. The trainer no longer determines time spent in each lab but schedules direct instruction for each group and continues to direct each group's use of materials.

Management system 4 (BSLs A-H and/or 1-8). The new dimension added to this system is a task card (Fig. 1) that includes a pre- and posttest for each BSL. Each task card indicates the learning resources (centers) available for each of the objectives, a pretest taken before the teacher visits the centers and a posttest. The teacher trainees take the pretest, self-check the answers on the back of the task



Front of Task Card **Back of Task Card**

Figure 1. Task Card used in management system 4. (BSLs A-H and/or 1-8)

card and, if the answers are 100% correct, try the posttest; the latter is checked by the trainer.

Teachers move through the centers independently with task completion as the cue for changing centers. Interaction with the trainer is usually on a one-to-one basis while the trainee is completing the activities of a particular lab. Peer tutoring may be established by the trainer or initiated by the trainees.

The trainer continues to control the objectives (represented on the task card) and the times when direct instruction will occur. The times for direct instruction in each lab are posted by the trainer and the teacher must stop the center activity and report to the direct instruction area before returning to the centers.

Management system 5 (BSLs A-H and/or 1-8). The only change in this management system is that direct instruction is optional. Trainees indicate their need for direct instruction by signing a posted sheet on which are designated the material to be covered, the teacher's name, and the time requested. Subsequently, the trainer continues to control only the objectives or *what* is learned; the trainee makes decisions on *how* the material is mastered and the rate of mastery.

In summary, the structure or management of the labs requires the trainee to experience the effects of changing from a teacher-dominated, group-paced lecture to a student-centered, mastery learning program that has more capability of meeting personal affective and academic needs. Each management system sets the stage for obvious differences in teacher-student and student-student interaction patterns as well as effectively demonstrating the individualizing instruction which is possible and preferable for the normal regular class teacher with 25 to 30 students.

Field Training and Follow-Up

Keeping in Touch (KIT) is the follow-up component of the training sequence initiated during the teacher's visit to a Teacher Development Center. The purpose of KIT is to provide additional information on the important variables that influence the teacher's achievement of an individualized classroom. The organization of the KIT program materials enables the teacher to move in small steps from the current level of individualization to a more complex and efficient level of instructional management. Thus, KIT represents a continuum of skills through which teachers can progress on an individual basis.

KIT materials are organized around the following four major strands or variables which were found long ago to account for many of the differences in how children learn and teachers teach:

1. Learning Environment (the setting in which a child learns).
2. Learning Rate (the amount of time it takes a child to learn).
3. Learning Style (the way in which a child learns).
4. Learning Content (the skills and processes a child learns).

Each child will vary or differ in each of the above four strands just as each teacher will vary in the time needed to achieve the final goal of each strand.

Each of the preceding variables is presented in a concept strand and each strand includes the following materials:

1. *Strand Cards:* Four white cards define each of the strands in KIT.
2. *Task Cards:* Printed on different colored cards, each indicates a different level of difficulty. These cards give the step-by-step activities for the teacher to follow.
3. *Tapes:* Each portfolio contains a cassette tape, tape script, and visuals. The tape presents content information introducing the teacher to the task card. An additional tape is available on grading and reporting.
4. *Reading:* Articles from journals and excerpts from books have been collected and bound in a notebook. The latter is divided into sections that correlate with a specific task card.
5. *Show and Tell:* Collections of ideas and forms used by other teachers have been placed in manila folders. Each folder contains samples which are correlated with a specific task card.
6. *Activity Sheets:* These consumable sheets are filled out by the teacher in completing activities listed on the task cards.
7. *Problem Solving:* Problems encountered by other teachers in various stages of individualizing instruction are presented to help find solutions to similar problems which might arise in the trainee's classroom. Answers provide alternative solutions.
8. *Review Notebooks:* The Behavioral Skills Labs are placed in notebooks for review.

9. *Group Paper and Wrist Counters:* These materials are provided so the teacher can complete optional activities of self-evaluation.

Since KIT is divided into four strands, it allows flexibility in the approach taken to individualizing. The teacher selects the area in which to start making changes in the classroom and enters the program with that strand. For example, to begin by changing the arrangement of furniture in the room, the teacher selects the Learning Environment strand; to give children different amounts of time on assignments, the teacher selects the Learning Rate strand; to give children a variety of materials and activities, the teacher works from the Learning Style strand; or to begin developing a continuum of skills and later to design content around student interest, the teacher selects the Content strand.

Bonus Passes. Teachers going through training at the Teacher Development Center sites may take advantage of the Bonus Pass system which is incorporated into KIT. A Bonus Pass is an indirect reinforcer earned by the teacher by achieving certain levels in the KIT and it can be traded for the use of an instructional assistant for the following purposes:

1. To take a class while the teacher returns to the Teacher Development Center for additional help.
2. To take the class while the trainee visits another teacher.
3. To construct materials in the classroom.
4. To take the class while the teacher constructs or correlates materials in the building.
5. To take the class while the teacher returns to the TDC to construct materials.

The Contingencies of Consultation

Tharp & Wetzel (1969), several years ago, described a triadic model of consultation that extended the principles of reinforcement to a systems level analysis of behavioral change. The triadic model describes the relationships among the consultant, mediator, and a target in terms of the reciprocally reinforcing effects each may come to have upon the other. Although the Houston model of consultative intervention involves a more complex analysis for determining sources of reinforcement, the basic triads are identifiable.

In the preceding discussion, reference was made to several consultative roles and training mechanisms. The importance of each component and role may be more clearly seen when it is viewed from the perspective, "Who does what to whom?" Figure 2 represents the sources of reinforcement and, thereby, the contingencies for system consultation and change in a Houston Plan school. Each arrow indicates direct or indirect sources of reinforcement for each indicated position in the school. The column on the extreme left represents the various titled federal or pilot programs which are usually a part of an inner-city school (ESEA Title I, Title III, ESAA, etc.). The next column represents the Houston Plan Staff and the sources of reinforcement between each layer of support personnel. The administrative and instructional line is represented in the third column and the multiple indirect and direct agents of reinforcement for both the community and the mainstream class are represented at the right.

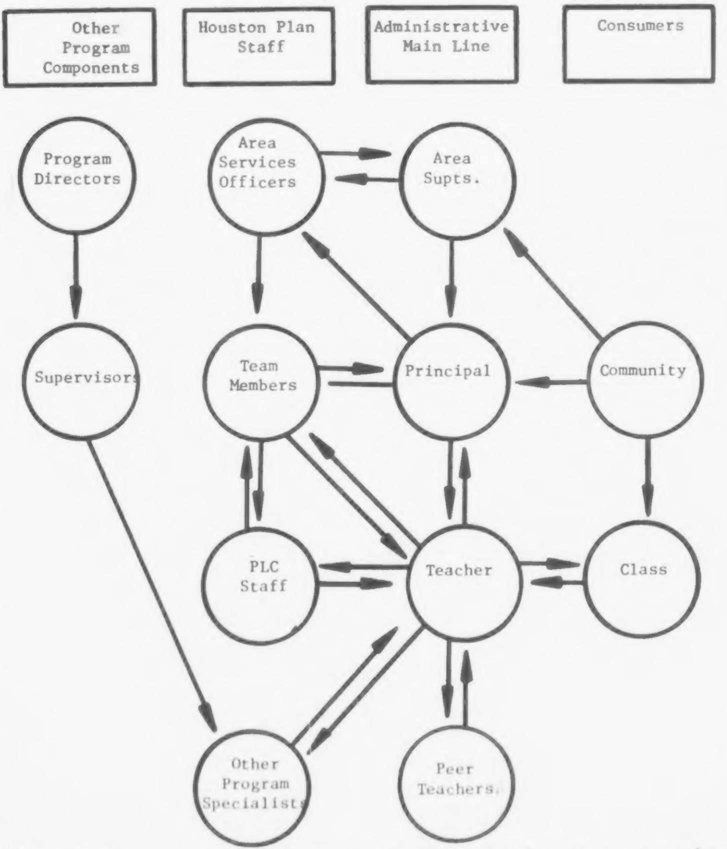


Figure 2. Sources of reinforcement: Contingencies for system consultation and change in a Houston Plan School.

Because the complex social contingencies represented by the natural school environment present an almost endless range of consultative interventions, we consider in detail two related classes of intervention—who does what to whom—(a) when the stimulus is provided through training in the Teacher Development Center and (b) when the stimulus is a teacher referral.

The really significant impact of systematic teacher renewal is twofold: (a) The training of *all* personnel represented in Figure 2 produces a "language" of consultation or common theoretical basis for the identification and resolution of teaching and program problems. (b) A range of deprivation states is created after training. The TDC training sequence focuses on teaching and learning in ways that allow teachers to teach and learn. The need for additional equipment, textbooks, classroom furniture, and the like, increases as the teachers progress toward an individualized instructional program. For example, teachers cycling through the TDC are taught to identify concepts, sequence the operations used to teach concepts, and correlate multisensory learning resources with each concept in a workable management system for 30 to 35 students. Subsequently, teachers spend a large amount of time and energy producing games and other self-directing teaching materials.

The team members can reinforce each of the many steps taken by teachers by providing cassette recorders, laminating film, ideas from other teachers, classroom organization plans, and so on. In addition to these concrete levels of reinforcement, a team member can reinforce the PLC staff for selectively encouraging the teacher. Of course, a primary agent of reinforcement for the teacher is the principal. The team member may signal the need for such reinforcement by providing concrete rewards for the principal to deliver to teachers which, in turn, strengthens the importance of the team member's relationship with the teachers.

The team member's maintenance of cooperative responses from the principal is critical. An example is the handling of the usual request by teachers to move out most classroom desks and replace them with carpet squares, bookshelves, bathtubs, and the like. This request is frequently a signal that the teacher is ready to move to a mastery learning, multiple learning center model of instruction and needs reinforcement. Related requests to the principal may involve permission to cut up out-of-adoption textbooks, and the initiation of parent conferences in lieu of letter grades.

Given a building of 30 teachers with ten making such requests, the principal's task is not easy. The team member's value increases significantly in these situations for both principal and teacher. The immediate feedback provided to the principal is the necessity to inform the community, a significant direct source of reinforcement for the principal and an indirect source through the Area Superintendent. When a parent program is planned, a significant contribution has been made by the team member.

The next step involves transmitting the needed requests to the Area Services Officer. Given the anticipation of many such requests, the Area Services Officer and Area Superintendent will insure the necessary policy changes governing the use of textbooks and removal of furniture, and the policy changes will be communicated back down the administrative line. Nevertheless, the principal and teacher will associate the removal of the aversive stimulus (desks, policies) with the team member. (As a footnote to the above situation, it is interesting to note that over 50,000 desks have been permanently stored in central warehouses, and the Texas Education Agency has permitted Houston's teachers to cut and paste all textbooks.)

In summary, the consultants' mediating agent with the teacher is most frequently the principal. Again, the principal's major sources of reinforcement are generated by the community and his administrative superiors. Thus, the consultants' cognizance of the reinforcers for the mediator are as important as the ability to reinforce the teacher directly.

It should be noted that in several situations peer teachers are an additional important source of reinforcement for the teacher. The following letter from a recently trained teacher is an example of how such reinforcement is provided.

> March 30, 1974
>
> Dear Ms. ______________________,
>
> I felt a real sense of loss Friday when we left the TDC. I thoroughly enjoyed myself at the center, feeling renewed, encouraged and enthused. Especially I will miss the interaction with other teachers. In our situation at __________, it is difficult to have opportunities to really talk with the other teachers and I have sorely missed their support and friendship. Your theory that we learned as much from each other as from you was very correct and I'm glad you designed the program to function this way.
>
> Immediately upon returning to school, I investigated the KIT. Wow!! Many of my fears that enthusiasm would peter out by mid-week because of lack of reinforcement and detailed nitty-gritty instruction were allayed. I've begun with style (Learning Style) and hope to affect changes (gradually!) beginning Monday.
>
> I write to thank you for being part of the morale boost I badly needed. Many schools and teachers rely on your assistance, but I

> hope you will be able to stop by regularly, as I will be needing your ideas and experience quite often.
>
> Though I will miss the people of the TDC (and other friendly teachers I met at Cornelius), I am looking forward to a new start with my students. My only doubt is that the situation (one I find very difficult) may eventually destroy my present enthusiasm. Help me to keep this from happening.
>
> Sincerely,
>
> P.S. When may we take our bonus day?

The two major means of preventing the teacher's loss of enthusiasm will be through either directly reinforcing the teachers and the principal or initiating a program of reinforcement for the punitive "ringleader" of the faculty. If the principal's selective attention fails to teach peers that this teacher's efforts are worthwhile, then the team member must carefully plan the reinforcement of approach responses with the target teacher. In other words, the consultant's task now is to increase the coping skills of the punished teacher by planned reinforcement of the other teachers by the target and consultant. In this case, changes in the behavior of the target teacher's students *and* fellow teachers will function as reinforcers for the maintenance of the teacher's efforts.

The last class of interventions concerns the situation of teachers referring students to the Precision Learning Center staff. When a teacher refers a student, the diagnostic teacher is typically the initial "in-house" consultant. The critical variable in referral cases is time. The consultant based in the school must quickly reinforce the teacher's request for help. Long time lags extinguish referrals and establish the local consultant as a "hallwalker" or one of the envied few without the daily responsibility of 30 students.

The diagnostic teacher's data collection focuses upon the child's behavior as well as the relation between the student's responses and the teacher's planned and implicit contingencies of instruction. Thus, the referral of students is a declaration of "temporary incompetence" by the teacher. Note too, that unlike most referral systems, the consultant's initial contact with the teacher in the problem-solving process is early and *before* the teacher, principal, and parents have attempted to cope with the problem and systematically failed. In other words, the diagnostic teacher is not established as a "last resort" with firmly set expectations that the child cannot survive.

The next critical step for the local consultants occurs after the initial data collection and possible diagnostic work-ups through the PLC. The Houston Plan empowers each campus to organize a local, within-building staffing group called a Student Resources Committee.

The primary function of this committee is to organize potential agents of reinforcement for the teacher and establish the teacher as the leading problem solver. Thus, the SRC must include and organize potential local resource personnel, an especially significant task in large urban school systems.

Frequently, a single campus may serve as the site of several independently administered federal projects, each with resource rooms and agents of reinforcement in roles of various "specialists." It is not uncommon to discover that many students are *independently* scheduled through as many as two to four different resource programs, each with a different theoretical basis and objectives for remediation. Each resource room, including special education resource programs, quickly becomes a sophisticated *and segregated* self-contained classroom unless the regular class teacher is permitted to co-plan with each program representative the objectives, materials, and feedback necessary for remediation. The "project mentality" that is pervasive in most schools functions to reinforce the regular classroom teacher for referring children who are unable to cope with the teacher's inability to individualize instruction now or in the future.

The staffing committee meeting must result in the reinforcement of the teacher's attempts to maximize the learning opportunities built into the referral process. For this reason, and to avoid those problems previously outlined, the diagnostic teacher meets with the referring teacher *before* the staffing begins, which permits the regular teacher to make responses which have been shaped by peers, the principal, and others on the basis of knowledge rather than to participate as a dependent onlooker. The diagnostic teacher carefully provides the teacher with the diagnostic information, suggestions for remediation, and recommended role responsibilities for each staffing committee member. In other words, the teacher now can be adequately prepared to communicate the needed personal behavioral changes and the ways in which such changes will reinforce the activities of the PLC program.

Of course, after a few staffings, the briefing session with the teacher is no longer required. The diagnostic teacher and learning facilitator are eventually seen as peers rather than untrustworthy "experts," thereby increasing both the skill of the referring teacher and the PLC staff's possible frequency of effective reinforcement.

In closing, it should be noted that upon graduation, each of the authors of this paper was considered to be a highly trained, competent school psychologist prepared to train future psychologists in the mysterious unfolding processes of learning. However, both of us soon realized that as certified, blue ribbon specialists we possessed only a limited repertoire in comparison with an average first-grade teacher.

Fortunately, we were shapable and we have learned about curricula (including why teachers need to be programers to correlate resources other than the basal), the importance of maintenance personnel, and how a principal weathers a negligent bus driver, substitute cafeteria help, and an unscheduled visit from the fire marshal—all on Monday. Needless to say, we needed to learn a great deal more about schooling than did the majority of teachers and administrators with whom we have been associated. When the Houston Plan works, it is to their credit.

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Discussion

Parker: One of the fundamental questions raised by this case is whether it is possible to do effective consultation without also making major changes in the system. The authors make the assumption that effective consultation is impossible without such changes and therefore they have emphasized them.

Cohen: I would turn it around. I would say that they had some objectives and one of them was system change. To be successful, they did not have to change the system; the objective of their consultation was to educate children. The question which must always be asked is for what is consultation being used? They used it to meet the objectives of their ideal of how we should educate a child. But consultation is just a tool which can be used anywhere as long as you know when it is appropriate to use it.

Dollar: Yes, I think that's accurate. I think the primary focus of this group and this conference is on consultation. But the changes that we made administratively effectively changed everybody's behavior.

Young: I would be interested in learning more about the genesis of the original decision, or the original sin, perhaps you might call it, to bring about such change.

Klinger: In 1969, the Texas Legislature, the Sixty-First Legislature, passed a comprehensive state plan for special education which moved dramatically away from funding by disability. It is funding for special education programs by the average daily attendance in local school districts, funding for every three thousand regular ADA kids, 20 teachers, materials, and support. It is a very generous allocation. By 1976, I believe, all school districts within the State of Texas will have to plan for the implementation of the comprehensive state plan. So at that point in 1969 the Houston Board of Trustees voted unanimously to get Houston moving in the direction of Plan A, as it's called. However, the allocations of funds for the local level were not increased at that time. That necessitated our doing some things which caused some traumatic intersystem changes. Some of those things were, for example, the collapse of 320 special education classrooms and the reassignment of teachers across the district, and, within our department, the reassignment of personnel to different roles in which they had to demonstrate different models of behavior and functions.

Young: So what I would describe as a "massive change" in the city system was generated by the state department of education.

Klinger: Before that, some other things had gone on relative to efficacy studies for self-contained classrooms. I think you are probably familiar with such studies.

The schools in which I worked as part of my graduate training before coming to Houston had become very proficient at keeping kids in their seats. One day, the question occurred to me, "Why should a child have to sit in a chair?" And there, the consultant's role becomes a little bit different from what we normally think of it as, in the sense that the consultant then begins to reinforce very systematically, visably, and directly the teacher's change in concept of what instruction is, and what teaching is. The focus is on teaching, and the consultant's interaction centers on teaching problems rather than learning problems. Maybe that will illustrate another aspect of the stimulus for change since, if enough people start thinking, "Why continue to return children to the same mainstream that rejected them initially?" the mainstream begins to change.

Question: I'd like to follow through on Dr. Young's question. You said that the genesis of all this change was traceable back to the Texas Education Agency. So in Houston, then, the change came mainly out of the central offices. It wasn't really a response to the grass roots. Those of you working with Meisgeier and Garver and others designed this thing in your own heads with quite a lot of detail and then you took it out. Where does the consulting come in there?

Dollar: It was consultation to the entire system. We had the opportunity and the position to influence a lot of different components of the system. The consultation ranged from consulting with the textbook department so that they would understand what we needed in terms of textbooks (why it was important that the Texas Education Agency reinforce in the principals the concept that it is okay to tear up a textbook, cut and paste it, and put it in a much more usable form), to consultation with the superintendent concerning the philosophy of education.

Parker: You are using the term "consulting" as I might use other terms like "informing" or "instructing." That's different from the way most people use the term consulting. Most use "consulting" to refer to a process in which someone has a problem or concern and asks you for help and assistance with it. It seems to me that you were telling the principal how he ought to think about instruction and you were telling the textbook people how they ought to think about textbooks.

Klinger: Our point is that a problem situation does not always have to be the stimulus for consultation; in a sense, we're trying to get into a proactive mode. Neither I nor any of my staff come into a school only on the basis of a problem which we're going to solve. We come in on a training basis so that future problems will not occur or that the same problems won't keep re-occurring. I have to be able to work out or anticipate the problems that the teacher is going to have with textbooks so that when I go in I can communicate to her what the new guidelines are.

Dollar: Very few area superintendents and principals are going to say to me, "Well, Barry, I'd like to remove all of the desks from my school." They're not going to generate that problem themselves. They're not going to make that change because the system and their history of experience is not going to reinforce them for making that response. What has to happen is teachers' starting to teach differently. Enough of them must start making demands which get kicked back up through the system so that enough principals will start saying, "We have a problem with classroom desks," and they will start saying it to the area superintendent. Then the area superintendent is concerned. He's not concerned before then.

Question: Suppose I'm not persuaded by any of that? What does a consultant do in such a situation?

Dollar: Where there's absolute refusal to comply? Then we negotiate.

Question: We've been hearing two kinds of approaches here. To what extent does this pass for a palace revolution—all the way down from the legislature to the Texas Education Agency, through the top administrative levels in the school—a kind of a fiat, "You will do this! Textbook people, you can cut up your books!"

Dollar: In the majority of situations, the teachers have started teaching differently and that requires programmatic changes all the way up and down the line. The textbook department, in a proactive sense, did not anticipate that teachers would do anything differently with textbooks, thereby requiring different policies and procedures for dissemination, collection, and responsibility related to textbooks. It was when enough teachers started asking enough principals, and principals started making all of these deviant responses to the textbook department, that the new "deprivation" was created for us to come in and help.

Question: I'm still not clear, though, in terms of clout for making change. You mentioned that the system had to change so that the rewards for those in the system, including school principals, would change in the direction of allowing program change to take place. What made the reward system for a principal change?

Dollar: In many cases, the culture began the change with the election of the school board and the appointment of the superintendent, which reinforced people on down the line. Is that what you're talking about?

Question: That's what I'm getting at, yes. In other words, how does your top administration change the system?

Young: I have a quick question along the same line. The new superintendent came in but who were the people who actually effected the change? Did they come in with the new superintendent or were they already there?

Dollar: Some, probably 60 percent, were already there and 40 percent came with him.

Klinger: Let me give an example of how we solve problems before they exist. In moving to a noncategorical system of service for youngsters, we dramatically increased the number who were to be served by a program. At the same time, we solved a lot of other, related problems. Last year, our programs were reviewed by HEW Civil Rights Commission relative to violations of children's civil rights by assigning categories based on psychometric evaluations that were not valid. Essentially, there was no problem. They came and went in the period of a few hours since we're no longer operating on a categorical system. However, some of our sister school districts had those people in and out of their offices for what amounted to six or eight weeks while they pulled file records, reviewed test scores, set up committees to protect the children, set up civil rights, and so forth.

Tharp: Can you make those area superintendents and principals do what you want them to do? I don't understand the power relationships, precisely. It seems to me that those are critical.

Dollar: There is a mandate in local school districts to implement Plan A. Now that's set by the legislature. The superintendent is charged via the school district to implement the program. We serve in an on-line function to area superintendents. That's why I pointed out that everything we do goes through the area superintendent's office. My boss is extremely facile in presenting things to area superintendents in a way that will demonstrate that the response cost will be less than payoff for the people to make the needed changes. That's done in an executive committee session. Again, assuming that the proposals that he makes to that executive committee are passed by the committee, that automatically obligates area superintendents.

Question: I hate to belabor a point, but I still am wondering a step farther back what conditions there were in Texas that moved the legislature to pass such an act in the first place.

Dollar: Well, a panel of educators, business, and community people was called together. . . .

Question: By the state agency or the legislature?

Dollar: By the governor. And the force behind the governor's summons was the Association for Handicapped Children, which has grown quite powerful in Texas, particularly for the mentally retarded. What they discovered, first of all, was that 30-40 percent of all the kids drop out. The special education self-contained classrooms created by the parallel public education system was not increasing the survival rate of children. As a matter of fact, the exceptional children's peers in the regular classrooms were doing as well as they were. About 60 percent of all those children who qualified for special education had never been in special education; they were all in the regular classroom. About 25-30 percent of the total population was eligible for special ed. So, if you kept going along that line, eventually you would have the majority of the children in special education. What happened was that the legislature simply reinforced the return of children into the regular classroom. Does that answer your question?

Cohen: On the question of reinforcement: in setting some very specific objectives, the law creates tremendous anxiety; the purpose of reinforcement is to lower the anxiety of the administrator—it is not to reward him for something that will make him feel more pleased, but it is to make him feel more comfortable. To me, this is a magnificent opportunity for consultants to be seen as needed people. The consultant role will help others meet the objectives of the law. We have taken on a very new characteristic in the school. The second is the force entering the schools for civil rights of children. With educators, I have spent two and three weeks sitting in court. To a lot of principals, that experience is shattering in that the whole network hears about it. The current climate for change is heightened by that force which has been somewhat foreign to educators in the past. The awareness of this new climate in schools is a very important issue in consultation.

Question: My question regards being a consultant in other changes in the curriculum in Houston. Are you requested to act as a consultant with regard to the changes you have made in teacher training, physical environment, and so forth?

Dollar: Let me give you an example. In 1971, there was no commercial individualized curriculum which we could afford for all the school systems. The regular education division curriculum supervisors had no idea of how to manage an individualized system or what kinds of curriculum would best fit that. They were curriculum specialists but not learning specialists. So we developed our own K-6 mathematics and spelling that fits our instructional model. All through that development the math and reading supervisors were very, very upset and perturbed because we were not consulting them. But we could not consult with them because, in the time that we had, we were training 36 teachers per week who were going out and were not getting any help from the regular education division. To make a long story short, the supervisory staff in regular education didn't think that we knew what we were doing and, therefore, that we shouldn't be doing what they considered their job. Now, two years later, again, we've created the need and they are the ones who are disseminating our curriculum materials. When this curriculum began being used by a couple of thousand teachers, the regular education people were forced to find out what it was that that many people were using and how to talk to them intelligently about it. So then, they came to us with a problem: "We don't know what this is or how it works; can you tell us?" And we said, "Of course." So now they're taking the ball. What's happening now is dissemination or diffusion. We have set ourselves up in a certain sense and people are coming to us to find out how things work, now that they know they work.

Brokes: Once the Houston district decided, "We're going toward these goals," what was your grand scheme for what parts of that huge system you would begin to change? How did you decide what would be your major thrust and your time line?

Dollar: Well, first let me say that the architect for much of this system was Charles Meisgeier; he came in one month prior to my arrival in the system. We began with the reorganization of special ed and psychological services. The primary focus in that reorganization was the role of the psychologist. The second focus was the role of the referral system. The third focus was how the resource environment was related to the mainstream environment. The role of the psychologist had to change into that of a trainer. This meant that most of our psychologists, who had come out of Texas-based schools, had acquired behaviors which had suddenly become incompatible with those we wished them to perform. Thus, we spent many hours in training and discussion, in regearing, renewing, and providing new skills for a group of people whom we call team members. The biggest problem in school systems is getting equals to stop thinking of themselves in very narrowly designed roles, such as, "I'm a psychologist and you're a banana, and we can't talk to each other because if we do, we might discover that we can do a lot of the same things and, in fact, that we do a lot of the same things." To get people to work together, to share skills and learn from each other, we put them on interdisciplinary teams. We housed them together, and even that was a problem. All the psychologists wanted to be in one office; educational diagnosticians wanted to be over here; and counselors, over here, and so on. So all that was changed. Psychologists, traditionally, know absolutely nothing about curriculum when they come out of schools. They know almost nothing about the daily grind of the classroom and about how that can be changed. So those skills had to be given to our psychologists. The educational diagnosticians, on the other hand, knew absolutely nothing about contingency management, about the relationship between the operant and its consequence. They had to be given those skills so that each one would have in his head the operational SRS model and our training bias.

The second focus had to be around referral. Referral systems, typically, only bring the consultant into interaction with the teacher and the child when the child is expected to be removed from the classroom. If I were to call you in through our old referral system, first of all, I would have had to wait six months because there were never enough specialists to get to a teacher; and when I finally did get there, the teacher and the principal and everyone else would have tried a lot of different things and failed. Therefore, the kid would need to be rejected, and my or anyone's role would be simply to put my stamp of approval on that. The referral system, then, had to be changed to become more proactive so that any child could be referred. There had to be put together a local in-house staffing committee that involved all the hall walkers in that building, including the teacher; thus the consultant had all the resources in that building at one table at one time programing for a child—or programing for a teacher. The system had to be built around increasing the chances that the teacher was going to learn something that would help every kid survive. It is data based and instructional based. We can now bring a child in and talk about the things we need to talk about in 20 minutes because we're basing the decisions on data. Before, it may have taken an hour or an hour and a half. Deno's situation yesterday reminded me of that. The social worker was going off and doing something crazy and somebody else was doing something crazy; it doesn't happen if the whole staffing committee sits down and signs off on a document saying what each responsibility is. The teacher refers a kid and possibly the next day or in two or three days, she's sitting down at a meeting staffing that child, making decisions about him. The next focus was the training of teachers and on down the line.

Comment: In any system change of that magnitude, seemingly, you'd want to share with the entire system some expectancies that they could have for a month, two months, a year, two years.

Dollar: It was not possible to share with the rest of the educational community the kinds of changes that one might expect from such a program simply because we did not have the skills to communicate fast enough to the public, the 10,000 teachers in Houston, and the 400-500 administrative staff and principals.

Question: Was it the kind of program which, if you had communicated about it very early and very rapidly, you may not have gotten the approval to go through with? Was it necessary to get the thing geared up, get it formulated to get the funding or the green light, and then think about communicating with others?

Dollar: We can describe a lot of things now which we didn't know we were going to do as the program evolved. We knew we were going to individualize instruction, but at that point, we could not give you a detailed description of what the components of that teacher development center training sequence were going to be because they evolved from working with teachers. What I can say is that we had a very sophisticated, sensitive feedback mechanism—which all behavioral systems have—that allowed us to be reciprocally controlled. The credit for all these things is mainly owed to teachers who came up with better ways of doing, capturing, and disseminating.

Question: Recognizing that institutions are always more political than rational, I wonder if we could talk a minute about why you wanted to give this model to the regular instructional system.

Dollar: You mean the training itself? What we wanted was to give it to the chief instruction officer who is in charge of the whole instructional program for the school system because training is much more powerful when it comes out of the main line, rather than a staff relationship, like we have. The chief instruction officer resigned; a new person has never been reappointed. We do have some pretty stressful interface problems with regular educative functions because we do a lot of the things to fill the vacuum.

Klinger: I would spend a great deal of time having the regular education division accepting ownership of the concepts. That's one big error that we made. It's hard to give it away now because it's so strongly tied to us.

Dollar: One of the things that we started out to do in each of our Houston Plan schools was to evolve and create within that school a model for individualized instruction. The model for that was a learning center. We spent a great deal of time putting stress on that learning center to bring it up to mastery of our concept and our operation. What evolved out of that, however, has been somewhat incompatible with what we had in mind. When you go in for a visit, they'll say things like, "Would you like to see the Precision Learning Center?" You say, "Okay." You go down there, and they'll say, "This center is serving this many kids, and this many things are going on, and they're all run by Ron Klinger's group." But, the thing that makes the principal's eyes really light up is when he says, "Now, would you like to see *my* teachers?" And he'll take you down to see the regular teachers who are doing some of the very same things. Those are his teachers, and those are the things that his group is doing and so, if we had to do it all over again, we might create a deprivation state by not having Precision Learning Centers.

Brokes: I have a question about your strategy. It seems to me that your change strategy was to work around middle management, which is notoriously the most difficult group to change. They are the survivors in the status quo—they've got the big investment. This strategy allowed you to have a very high rate of innovation in getting your ideas into the system. But you will incur some problems upon adoption, that is, getting them wired into standard operating procedures, until somehow you can have an impact on that middle management group. Do you see that as a problem?

Dollar: By middle management, do you mean the principal?

Brokes: Well, the principals and the whole bureaucracy out of central administration—your chief instructional officers, curriculum supervisors—that whole group. They survive superintendents, school boards, and all sorts of things, and they just go on and on and on, and they are very resistant to innovation. You are at the stage right now where that group is outside your system. You have a fairly crucial group for adoption and internalization of some sort for these innovations into the system. Do you see that as a problem? Was your strategy intentional?

Dollar: No, it wasn't intentional. First of all, we approached all those people over there who are in the same building with us—curriculum supervisors and coordinators and reading program people, specialists and so on—and we said, "This is what we are trying to do; these are the things we anticipate that we are going to need and these are the ways that we can see that you can help. Are there some ways that you can see that you can help?" And they said, "What are you talking about? We've got to have reading. TEA guidelines tell us that we've got to have reading 40 minutes a day minimum and most teachers need to have reading between 9 and 9:40." I keep saying that because it is real. Our job was to get around that. I guess what they trained us to do was to avoid them and we did. We went directly to the principal and concentrated our efforts on him because the principal of the school building is the single most powerful figure in the whole school. As a matter of fact, in many cases, principals dictate to the area superintendents what will happen, rather than vice versa. That's partially because Houston is so geographically widespread and because of the history there that the principal has been "numero uno." He has had the most political insights into the community. Our main target in consultation, or the number one mediator across training and referral cases, is that school principal.

Klinger: There is another point I would like to add. In our approaches to other components of the school district, we found that according to long-standing tradition, the special education department was extremely low on the status totem pole in the school districts. "It is really out of line for you special ed folks to start telling regular ed folks how to run the ball game." Principals would say, "We know how those teachers get to be special ed teachers; they bust out of a regular ed program and then they go sign up over at special ed. So don't come around to us with your innovative individual instruction malarky because we've got your number." That's the reason why our behavior was shaped toward the demonstrated credibility of our staff. What we probably did was demonstrate it to a point that nobody else can understand what we are doing; but, those are very real issues. They do exist and it kind of comes out in the very prejudicial kind of remark about the "big hand is on the 12 and the so and so is on the . . ." that kind of stuff, because that does go on and that is the reality.

Parker: Is it your feeling that it was time lost to not spend more time with those people who ultimately may have to take the program over in order to gain the credibility and the rapid innovation? Would you like to bring in some evaluation of those alternative strategies?

Blocher: It seems to me that you have two different problems in making change: (a) to effect innovation and (b) to get adoption of the innovation so that it becomes part of the standard operating procedure in the system. The strategy that you used maximized the opportunity to get innovation to occur very rapidly in the system, but it minimized the opportunities to get adoption. Particularly, it makes you very vulnerable on your mandate from top management. That mandate has to continue very strongly, at least until adoption can proceed a good bit further. You've got two major things operating: a good mandate from top management and the community back through the board and the legislature, and an innovation which is extremely appealing and reinforcing to the classroom teachers at the bottom of the pyramid. So you have two power bases or sources of power built in. But you did not have anything that was terribly appealing to those middle management kinds of people who just sort of go on. In fact, if anything, there may have been an adverse reaction from them. Now what will happen to you if your peer mandate from the top is weakened during a time when a lot of adoption must still take place?

Klinger: We've been attacked by different groups, to date, you might say, fairly unsuccessfully. The innovations which we have been successful in implementing have done a couple of things. We have remarkably increased the number of students served with the same staffing patterns—from 10,500 to over 21,000. We have no existing waiting list in the district for services of any kind. We have established service components which demonstrate a service so we can pull the string now on our community by saying, "Now we've gone to bat for you, you come in and go to bat for us."

Although we have had heated interactions with principals relative to implementation, it is those Precision Learning Centers which have remarkably increased the effectiveness of the schools to maintain a wide range of divergent behaviors. So we can pull the string on that point, too. None of those principals are willing to give up those services. We asked recently, "Would you like to go back to your self-contained classrooms with ten or twelve kids in them?" No takers at all. We asked them at a time when our programs were under attack, when it would have been quite easy for principals to back out, to say, "Yeah, let's close down this silly business and get back to our self-contained classes." No takers.

In addition, Barry Dollar's group has collected data on the requests of teachers for training. In fact, that string, I think, was pulled last night by the board, the new conservative board, improving teacher training in HISD.

Dollar: Someone very perceptively pointed out that this project did not all start from the grass roots. Now, I think that what is going to maintain it is the grass roots. As I understand societal law-making or development, people start behaving in particular ways and then the law is made to sanction the behavior. I think that that's what is going to happen now. We've got the grass roots going now, and laws and policies will come into effect, even those from the very conservative school board. I think the policies they will make will end up maintaining the program because of the demand from the grass roots.

Blocher: At that point, you're over the hump. Adoption will occur.

Epilog

After the Fall

Ronald Klinger

In August 1974, a massive reorganization of the Houston Independent School District (HISD) effectively decentralized administrative program control and transferred it to the leaders of the six areas in the District. The impact of this move was felt most profoundly in the Center for Human Resources Development and Educational Renewal (CHRD). In essence, the head of HISD's largest and most complex service delivery system was cut off. In addition, the Teacher Development Center was eliminated entirely and the exodus of many key persons rapidly ensued.

For those ex-CHRD persons remaining with HISD, the days and months immediately following the power transfer were unpleasant, at best. Slowly, however, the process of reconstruction was begun. Much has been lost of the original program's vitality and thrust but the elements that remain continue to mark the program as one with potential national distinction in the delivery of special services. The quasi-evaluative observations in this discussion of the Houston Plan's current status, change strategy, global objectives, and prospect for future days are entirely mine.

The Houston Plan Revisited

Initially, it seems reasonable to comment on the current status of the Houston Plan's various extant components and, if possible, to clear away any misinterpretation conveyed in either the text of the Dollar-Klinger paper or the subsequent discussion. As previously stated, the Teacher Development Center no longer exists. Its many staff members have been absorbed in various other components of the program which have survived. To date, no services provide regular education teaching personnel with training in individualized instruction or the maintenance of students with special learning needs in their classrooms.

The training materials developed by the Teacher Development Center still provide the core learning experience for special education staff who continue to cycle through the Learning Resource Centers (LRCs) on a weekly basis. These LRCs as well as the balance of the direct and indirect services delivery system remain totally intact. The trainer-consultant roles of psychologists, educational diagnosticians, and other specialists are unchanged; and the number of resource rooms or Precision Learning Centers (PLCs) has increased (for reasons which are discussed briefly in a later section).

In short, the original Houston Plan no longer exists. Its objective —to change the mainstream—was not reached. Yet the system was changed favorably and many of those changes continue. In the following sections of this paper, a number of issues are reviewed which, to a greater or lesser extent, should be regarded as important variables in evaluating the original Houston Plan as a model for change.

Change as Related to Consultation

It is difficult to conceptualize the Houston Plan as it was drawn up initially or the organic fashion in which it evolved as a model of consultation per se. The definitions are simply too limiting. The primary thrust of the Houston Plan operations was to change the format of services *not only* for exceptional children but for *all* children (i.e., the mainstream). For example, the Teacher Development Center, as a unit, had many of the same or at least similar training objectives as the student services division. However, while the student services personnel intervened or entered the territory of the regular education teacher via an educational programing format for individual students, the Teacher Development Center trainers and follow-up specialists moved directly to the heart of the trainee's teaching capabilities in regard to individualizing instruction.

The results, given precision hindsight, were clearly predictable. The Teacher Development Center personnel were the first to receive the brunt of negative impact when the system began its swing "back to the basic." To some extent, the student services teams (i.e., psychologists, diagnosticians, etc.) were criticized for their role in the total effort, but since they had stayed mainly within their territory, no substantive revisions were mandated and so they continue.

The first point I wish to make is that the primary thrust of the original Houston Plan was change. That change was initially effected by administrative reorganization but, ironically, not eliminated by it. Although consultation played a vital role in the reorganization, the success of the consultation was greatly influenced by the antecedent events which set the conditions for its occurrence. For example, aside from the issues related to consultation and/or training content, there were issues related to the department with which the consultants were aligned: With whom did they consult? By whom was the consultation initiated? What was the pay off (response costs) for teachers changing their behaviors? What persons controlled the reinforcers for consultants and the persons with whom they interacted?

My second point is that those program elements that remain do so because of a number of system manipulations which led to maximum system gain at the least expense (i.e., the least stress). More explicitly, the process of systems change is greatly enhanced when alterations at upper levels support or reinforce concomitant changes at other levels. Given the capability to realign supervisory personnel, redefine roles of former teachers of self-contained classes, create the PLC model, design the LRCs, change within CHRD progressed at a far greater rate than across the district as a whole. The explanation for this occurrence is that within the department most changes were initiated concurrently. Also, the innovations were pervasive in that all available resources were adjusted to maximize the successful transition. Let there be no mistake: The emergence of the Houston Plan caused no small degree of stress at all levels of HISD. Indeed, the level at which the resulting stress was the greatest and the pay off the least (e.g., middle management) became the focal point of resistance.

The strategy involved in the admittedly ambitious change of the Houston Plan was shaped by assumptions about the functions of consultation, in addition to various other systems-relevant assumptions. One was that, ultimately, consultation nearly always supports the existing system. Stated another way, consultation is more effective in maintaining or articulating a previously implemented system than in developing a new one, at least over the short run. Finally, to repeat an earlier point, the system rather than any given consultation model controls a greater variance of consultant behavior. This point alone may provide fuel for debate.

The decision was made to alter the system initially and, thereby, to create a need for change at lower levels. Professional roles at many levels were dramatically effected by, for example, the combining of the previously separate special education and psychological services components; creating six multidisciplinary teams; and moving away from a service-by-disability orientation.

Within the scope of the Plan there were behavioral settings in which consultation could occur at many levels. This fact is important because while program components were integrated, they did not all interface with the same people, at the same time, and with the same success. Of course, some of these elements were more critical than others and, therefore, more importance might be attributed to their impact on the total success or failure of the change effort.

Time as a Variable

Viewed conceptually, time per se is rather meaningless. In most cases it is the background for a set of events or occurrences which are the actual subject of interest. In relation to change, however, time becomes critical when it is combined with frequency of behavior(s). Specifically, one cannot speak of rate of change without using time as a variable. Furthermore, if time periods are fixed or specified relative to the number and quality of required events, the rate of change can be magnified exponentially. For example, when the decision to initiate the implementation of the Houston Plan was made by the former school board, 18 months of tenure remained for its progressive majority.

Change

Even on paper the initial Houston Plan design was monumental in scope. Consider its goals:

1. Completely redesign the format for Special Education/Psychological Support Services for a system of 212,000 students.
2. Given no new teaching personnel, create resource centers in at least one-half of the 170 elementary schools; that is, (a) collapse nearly 350 self-contained special services classes; (b) review every child for survival in regular classes; and (c) set up resource facilities with essentially untrained teachers.
3. Design and implement training content on individualized instruction for (a) Special Education/Psychological Support Services staff; (b) regular education elementary teachers; and (c) special education resource room teachers.

Given these conditions, Blocher's observations accurately describe the change strategy that evolved, that is, to produce high-quality products as rapidly as possible. As the Plan had been approved at the highest levels (i.e., Board of Trustees [school board], and General Superintendent), the mandate was strong but politically vulnerable. The trade-off was obvious. If the support from the top could be matched by an equally powerful training component and an undeniably superior direct service system, both teacher and community support would follow. Middle management was too entrenched and negotiation with them was considered to be a luxury which required too high an investment in terms of energy and hours.

Such a change strategy had many implications for consultation. It is beyond the scope of this discussion to treat all of the issues but notable ones must be mentioned. For instance, it often became difficult to distinguish between consultation and confrontation. Given the need to move rapidly, issues and often persons quickly crystalized into "them" and "us." Such a position is untenable for a consultant. However, in our attitude of change, with clearly stated performance objectives, competition was extremely productive.

Parenthetically, a point worth consideration may be noted in relation to the overapplication of confrontation (overkill) as a vehicle for change. That is, there is a high probability in almost any major change effort that sooner or later someone is going to react in anger. Such occurrences appear to be unavoidable; they should be anticipated and contingencies should be arranged for them. Anger may be unavoidable and often necessary, nevertheless there seems to be little profit in forcing issues unnecessarily. Needless confrontation, whatever the short-term gain, seems to produce many of the long-term (and largely unpredictable) side effects of punishment. For example, while competitive verbal responses may decrease, feelings of resentment, frustration, and anger may increase inversely. Further, negative affect stands a good chance of being attached to the "punisher" rather than to the issues around which the confrontation centered. In sum, change may be inhibited rather than facilitated by overreliance on confrontation.

Early in the effort to pull CHRD into a tightly knit and coordinated organization, certain other distinctions became unavoidable. These distinctions, for the most part, are related directly to the posture of the consultant working as a change agent within, as opposed to outside, the boundaries of the system. Issues of survival within the system were not unrelated.

The effectiveness of the consultant working within the system and from a position of power is unquestionably greater than that of his contemporary on the outside. There can be no comparison between the two in relation to scope and range of impact, sources of system relevant data, levels of input, and the like. Simply put, the level of professional expertise required to maintain an established, ongoing program of any nature is not overwhelming. Equipped with an adequate understanding of alternative models or concepts, a professional who is capable of meeting even a token degree of the multitudinous problems facing large urban school districts can be extremely effective.

Unlike the consultant working outside the system, however, the in-house professional is limited in that he cannot back away from issues, topics, or persons with whom he does not wish to relate. He cannot, for example, re-negotiate a contract that allows him to agree to disagree and leave issues unresolved. In fact, as a system representative, he too owns the problem, and being aware of its descriptive characteristics he is role-bound to attempt its resolution.

As an agent of change, the inside consultant has a high mortality rate. *Change in any system, whether physical, educational, or political, both causes and is effected by stress.* Stress appears to have limits, however, beyond which performance is dysfunctional; that is, there are limits to the degree and duration of stress or change which can be tolerated by any system.

Under such conditions, the change agent's problem is continuously to monitor the system for tension. The similarity between stress and anxiety may be parallel in their effects on performance. Creativity and productivity are heightened under moderate levels, but at very high stress levels results are unpredictable. However, stress, tension, and anxiety are all very vague concepts to measure, especially on a systems level. In short, the process is a fairly risky business. If the scale tips the wrong way, not only are the innovators lost but, often, the innovations as well.

Obviously, those of us in the Houston Plan had our fingers on the wrong pulse. On paper, the six area superintendents held the power of the district. Consequently, primary but not exclusive attention was diverted to their concerns. As it turned out, this attention was one of a series of fatal mistakes. In truth, building principals maintain the balance of power within the district. Area superintendents were paid court, but then as now the true measure of their control must be assessed against their popularity at any given moment within the ranks of the principals. Too late, the reality of this set of events was recognized.

Giving it Away

At some stage or another, innovation must be leveled off and the systems or models which have replaced older ones must be adopted. In short, it must all be given away. Considering the preceding events, the task was extremely difficult. The price of innovation was reflected in violation of territory, tarnished reputations, and so forth.

The model had been challenged repeatedly but it had survived because it worked better and made more sense. However, the mandate from the top disappeared when the progressive members of the school board were not re-elected. Adoption of the model had been held off too long and middle management demanded retribution. For a time, it appeared as if all might be lost.

It is not certain whether there really is a consultation skill called "pulling the string," as in baseball, but it can be done. Essentially, it is a concept akin to a gambler calling in his markers when times are slim. In the case of the Houston Plan, it meant an appeal to the community and other groups to save the programs which had supported the rights of their children. Technically, the operations involved closely resemble those of negative reinforcement: establishing a real or expected deprivation state which could only be resolved if the programs were maintained.

The eventual compromise contained the following major components:

1. Two of the three primary Houston Plan author/implementors were forced into resignation.
2. The Teacher Development Center was dissolved.
3. The model of Special Education/Psychological Services was allowed to remain intact except that line authority over the largest component of the total program was taken away from the director (the remaining one-third of the Houston Plan architects).

The Territorial Imperative

An essential theme of the narrative to this point has been innovation and related issues. At the risk of redundancy, certain other critically important variables should be presented. In discussing separately such issues as territoriality, legal precedents, or educational philosophy, a degree of artificiality must be recognized. In reality, all elements are bound together. For example, possibly my first insight into the operation of a giant bureaucracy was that without exception any action will be met with a counter action. That is, administrative functions operate primarily on a *reactive model* of decision making. As such, the majority of decisions basically act to inhibit or cut off change.

Finally, there is no school system per se. What actually exists are systems within systems; within each of the systems are territories; and within the territories exist smaller territories. For example, in its short period of existence, the CHRD went on record as the department with something to offend everyone. On an ongoing basis, task forces were created to negotiate disputes involving the following components:

1. Transportation.
2. Textbook/warehouse units.
3. Purchasing backlogs.
4. Curriculum Departments, including both (a) Reading and (b) Math.
5. Federal Programs Office.
6. Volunteers in Public Schools.
7. Houston Principals Association.
8. Personnel Department (certification issue).

The points of conflict were basically consistent in that as one component of a great ecosystem varies, so all other components of that system are forced to change also. Assuming that the system had remained in virtual hibernation for decades, change could hardly have been expected to occur gracefully.

Special Education as "Nigger"

During the period of campus unrest in the early 1970's, an excellent editorial statement was published nationally in university periodicals. It drew poignant parallels between stereotypic characterizations of the pre-1950 black culture and college-aged youth of the Viet Nam era. Entitled "Student as Nigger," it demanded recognition of the disenfranchisement of a small but significant portion of larger society.

A like parallel can be drawn about the status of the exceptional child within the American educational structure. Traditionally, school administrator attitudes toward the existence of special service programs have been a prime example of *negative altruism*. More exactly, given a firm tax base, adequate facilities for regular or normal students, and a state education agency willing to prod districts with "bonus" units, why should not programs be established? However, given the taxpayer revolt, teacher union demands for higher pay levels, and inflation, altruistic feelings dissolved rapidly. As with the recognition of the civil rights of black Americans, the child advocacy movement has challenged philosophical altruism via the equal protection clause of the Fourteenth Amendment. Each child or parent must be guaranteed her/his rights for an educational program that is both adequate and appropriate.

Between the legal interpretation of a child's civil rights and the reality of schoolhouse politics falls the shadow. Tradition *is* an existing regularity. In the case of the special education department's directing a training program for regular education teachers, the violation of sacred turf was unforgivable. That it was a successful program made matters much worse, not better.

When It's Given Away, Then What?

In sense, the problem of how to transfer ownership of what remained of the Houston Plan was resolved by the folks who ostensibly were to inherit it. By shifting the line authority for student services into the six areas, the district essentially bought the store. The set of issues which is currently the topic of considerable speculation seems to indicate some confusion about what to do with what was won.

More precisely, middle management has the task of making the model continue to produce with a minimum of system stress. Predictably, the task cannot be achieved given the decentralized organizational format. The scope of the program is too complex to long survive without central control, and the power transfer was too swift to insure even token comprehension of the system.

Whereas teaching and support personnel have always been dramatically lacking in number, it is generally agreed that increasing the number of teachers alone is a poor method of increasing program quality. Nevertheless, literally hundreds of additional teachers may soon be added to the department's ranks. Already student enrollment in special support programs is drastically down from last year.

The model exists, however, and training and consultation within the schools continue. It is my best guess that within the next two or three years the area superintendents will gladly relinquish their grasp on these programs and allow the power once again to flow back to the Special Service Department. The Teacher Development Center may also have its day. Regular education or some other branch thereof will do the training, but so it should have been from the start. If school-based consultants assume the role of trainers, it is because few other roles are as profitable for them.

In regard to my survival, that is a topic for yet another day.

[*Editor's postscript.* There is evidence as this report goes to press that the situation in Houston is extremely fluid and the Houston Plan is not dead: Teacher Development Centers are being re-established at the principals' request in two of the six administration areas; and a survey (50,000 participants) conducted by the Houston Independent School District concluded that the Houston Plan was the best or top-ranked program. Some observers consider the increase of PLCs in the school district as another indication of the vitality of the Plan. To an outside observer, the mainstream of education in the Houston school district is not unchanged; the TDC was a vulnerable element of the Houston Plan because it was funded by outside (grant) rather than indigenous funds; and it is possible that the enforced resignations of two of the Plan's architects were a requisite political move to reorganizing the Plan on a slightly different basis.]

Coordinate Status Consultation

In contrast to the two preceding cases, which illustrate the implementation of programs based on theoretical models of teaching, the case presented by Johnson illustrates the application of a theoretical process of consultation. As suggested by the Vermont case, process and content are closely allied but separate. Johnson described a particular kind of consultation—coordinate status consultation—which offers the dual strengths of comparable experience and peer status. The case is a step-by-step illustration of the way problems are identified, alternative solutions are proposed, and agreements are reached on the procedures to be followed. This somewhat microscopic look at the process of coordinate status consultation clarifies several issues which are usually overlooked when the problem of change is approached with preconceived notions about either the process or content of change.

Johnson identifies the following issues which became the substance of the discussion following his presentation:

1. *Is organizational effectiveness enhanced by focus on only large change, small increments of change, or overall changes with several small efforts?*
2. *Does one select a directed, an open, or another style on the basis of the consultant's preferred mode of operation, or do timetable imperatives, change agent's personality, or other situational variables require certain consultation styles or certain change models?*
3. *In improving an organization's effectiveness, how much risk should one expose the internal change agents to?*
4. *What are the relative merits of coordinate status consultation and expert-authority consultation?*
5. *How does one deal with major macrosystem pathology when the specific charge or task at hand is to improve effectiveness of only one part of that system?*

Improving Effectiveness of a School Organization Through Coordinate Status Consultation

Richard A. Johnson
Minneapolis Public Schools

Case Study Overview

1. *Technical Assistance Resource Base:* The Leadership Training Institute/Special Education (LTI/SE), University of Minnesota.
2. *Target System:* The Boston Public Schools.
3. *Locus of Intervention:* Special Services Department.
4. *Primary Target System Contact:* Associate Superintendent for Special Services.
5. *Primary Goal:* Organization renewal of the Special Services Department.
6. *Timetable:* One to two years minimum.
7. *Need for External Intervention:* High.
8. *Precipitating Circumstances:* Court action, new state laws.
9. *Type of Consultation:* Coordinate status.
10. *Consultation Model:* Eclectic, organization/structure/process oriented rather than person oriented.
11. *Consultation Modalities:* On-site visitations, workshops, phone, written communications.

This case study consists, in part, of selected and modified portions of a paper presented at an LTI/SE Conference on Technical Assistance Support Systems, held in May 1974, which was written and delivered by Richard Johnson, Jerry C. Gross, Nick Nash, and Maynard C. Reynolds. The report of that conference is scheduled for publication in 1975.

12. *Type of Evaluation:* Process, product, and outcome.

13. *Primary Consultants:* Two special education administrators from a city of comparable size.

Boston is an eastern city with a large public school system. The organizational strengths and weaknesses of special education in the system are not unlike those of many other large city school systems in the United States today. Boston has moved aggressively in the past 10-15 years to expand special education services through categorical special classes in regular school buildings in addition to the programs in special schools which have been operated since the early 1800s. Organizational and leadership systems in most city school districts grew along with and, probably more accurately, out of the existing instructional program. However, these traditional special education instructional programs and organizational support systems have become inadequate to meet the demands created by recent court decisions and the changing philosophy in the field itself.

Through self-initiated efforts as well as great pressure from the courts and state legislature, Boston has been struggling to expand and improve its educational programs for the handicapped. To accommodate this expanded and redefined service program, the school system has begun to renew its administrative and leadership support structure. This case study focuses on several specific aspects of these renewal efforts and on the Coordinate Status Consultation System used in the efforts.

Current Status

Currently, the Boston school system faces a number of major problems similar to those in other urban areas. The system, for example, is attempting to (a) add new and extensive services for its unserved handicapped population, (b) restructure placement and referral policies and procedures consistent with handicapped persons' rights vis-à-vis the Fourteenth Amendment of the Constitution, (c) restructure categorical, segregated, and highly labeled service delivery systems, (d) locate the large numbers of additional specialized personnel necessary to staff new programs, (e) retrain existing specialized personnel through inservice programs, and (f) develop administrative structures to enable leadership staff to effectively plan for and guide the total special education effort.

Confounding the system's efforts to accomplish these tasks are the liabilities of, among others, (a) being fiscally dependent, (b) being under legislative order to desegregate by Fall of 1974, and (c) having all federal funds for the district withheld. Unfortunately, the situation may appear bleaker than it really is because positive trends and characteristics cannot be given here for space reasons. But it is against this somber background that I will describe in some detail the locus of intervention and the philosophy, design, and processes of the Coordinate Status Consultation System that is being used to assist the school district to create and manage change.

The Special Services Department (Locus of Intervention)

In the Boston school system, as in most other city school systems, one department or division is accountable for developing educational services for handicapped children. Most systems, however, have failed historically to provide the funding necessary to maintain even minimally adequate programs for these children. As a result, districts have had to rely on categorical special classes as the only primary service delivery option. The Boston system has a similar history: Traditionally, accountability has been assigned to one department but this department has been given too few resources to provide adequate services. The Special Services Department—the internal organization responsible for special programs—historically has been organized for both leadership and service delivery purposes on a categorical basis, and it has relied heavily on special classes as the primary option available to the handicapped student.

Within this framework, the Associate Superintendent for Special Services, some 10 to 12 categorically defined assistants and supervisors, and several hundred professionals provide services with an annual budget of about $6 million. Most of the assistants and supervisors have taught or served within the discipline or category they now represent.

Specific Problems Requiring Intervention

Faced with an emergency need to mobilize its special education service delivery and leadership resources to cope with court orders and new legislation, the Boston school system had taken several affirmative steps prior to the consultation process. The principal one was the creation of a cabinet level superintendency post (Associate Superintendent) for programs for the handicapped. This action was important; it not only gave major systemwide visibility to the mobilization effort but it also clearly assigned accountability.

The Associate Superintendent and other personnel identified the following specific problems as requiring immediate attention:

1. A service delivery system that was basically dysfunctional and required major restructuring and redirecting.

2. Leadership resources that were assigned to categorical rather than functional program tasks, and were staffed by technically trained specialists, most on an acting basis.

3. Limited understanding by general educators and special education staff of the reasons underlying the need for change.

4. A history of limited exposure to "outside" programs and leadership models.

5. The task of establishing a tactical and operations base for creating internal change was assigned to one person but without the benefit of adequate provisions for back-up resources.

6. No internal service models had been developed to serve as prototypes for meeting new requirements.

7. Time for "climate-setting" was very short; major changes would have to be designed and implemented within the space of 12-18 months.

8. The parameters of the special services organization, its philosophy, goals, objectives, management strategy, operational subsystems, and communications systems were not adequately defined or articulated.

In sum, the system's internal resources were too limited to design and manage the extensive required changes without external technical assistance and support. In recognition of this need, the client system requested the help of an LTI/SE Technical Assistance Support Team in the early Spring of 1973.

Consultation Parameters

Coordinate Status Technical Assistance Team

Because time and reason would not allow engaging consultants unfamiliar with the problems of large-city special education operations, a system of coordinate status consultation was both necessary and desirable. The term "coordinate status consultation" is defined here in the sense of its use in mental health consultation as described, for example, by Dr. Gerald Caplan. Often, the best consultation is between equals—preacher to preacher, teacher to teacher, or barber to barber—rather than between superordinate "specialists" and clients. In this instance, two executive-level special education administrators from Minneapolis were used to consult with and advise the Boston chief executive for special education. The two consultants recently had reorganized the total special education service in their city, which gave them the immediate situational references to and knowledge of the probable task at hand.

Technical Assistance Model

Although external technical assistance support must assist personnel in the client system to implement change, change is most meaningful when the technical system team does not function nor is seen as *the* change agent. The change agent(s) must be *internal* if change is to be managed as an ongoing systemic aspect of the developing organization. Consequently, a major function for the technical assistance team was the specific training of internal change agents in the design and management of specific changes and in skills necessary for the diffusion of innovations or changes throughout the total system. The technical assistance support effort, therefore, took the form of assisting with the determination of priority needs and strategies, and providing and coordinating training and/or other technical resources as necessary.

Since careful coordination and communication were required, especially because of timetable imperatives, the primary intervention team was limited to the two consultants and Boston's Associate Superintendent for Special Services. Guidance control, fiscal support, and general consultation on policy and strategy were provided by LTI/SE personnel and by a support cadre of several system executives from both superordinate and peer status positions. The model of this overall configuration is shown in Figure 1.

Dotted lines in the model (Fig. 1) represent permeable information (feedback) and influence membranes; solid-line, two-way arrows represent "as required" internal feedback loops. The "significant others" are those persons immediately targeted for involvement in the change process; and the "Internal Policy Team" is the system's mechanism for governing and guiding the support system effort and providing feedback to the support system. Solid lines without arrows represent boundaries that are unique to each system, client or support. Solid lines with unidirectional arrows at the right of the figure represent the support system's potential for expanding to additional significant others.

In this model, technical assistance persons, however defined, and the internal change agent are the primary contact with the system and function as an Internal Technical Assistance (ITA) team. Its mission is to define and initiate changes within the total system. This team becomes, then, the day-to-day, on-site core of all organized support, with the type and configuration of resources used contingent upon the needs

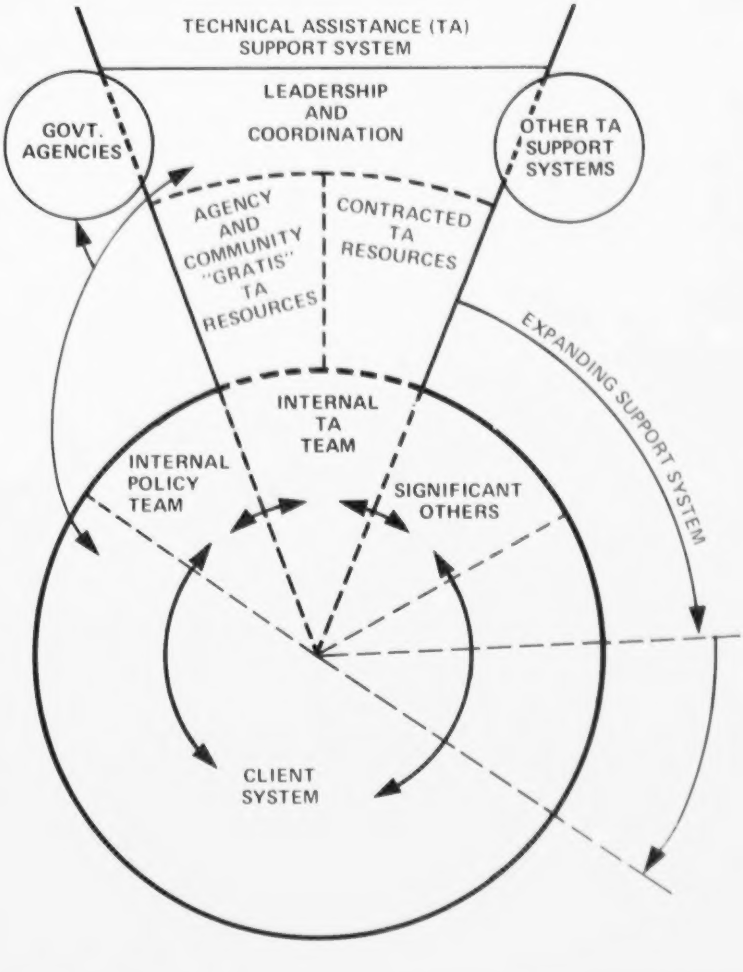

Figure 1. Technical assistance relationships model for organizational renewal.

defined by the ITA team and legitimated by the Internal Policy Team, support system leadership, and coordination arm. External resources include state, local, and extra-community resources; the only limitation is the availability of fiscal resources with which to purchase technical assistance and other resources that are not available gratis from related agencies, such as universities and colleges.

In essence, then, the model support system functions as (a) a funnel for or locus of resources which are needed to assist any client system in creating and managing change, and (b) a determiner of the extent and configuration of necessary resources, based on recommendation from an internal technical assistance team which is composed of both a specified, internal-to-the-system change agent, and a person or persons designated by the external support system.

Theoretical Considerations

In the Boston school system, the major problems required solutions which could be attained only through major organizational change. Thus, the primary business of the Technical Assistance Support Team was to help the school system to define, organize for, implement, and manage change. Basic to any change operation, especially the major organizational changes contemplated by the Boston system, are various assumptions on change. Several of these assumptions follow (Johnson, 1973):

1. *Change is more than alteration in something.* As defined by Miles (1964), change is that which is willed rather than natural, planned rather than haphazard, and specific rather than general.

2. *Change is a process that, if it is to be managed so what is willed comes to fruition in both form and substance, requires specific leadership attention and focus.* A specific person or persons privy to and a part of the organization targeted for change must advocate and manage processes and strategies for creating defined change. The content of the idea or innovation base can be externally evolved and ongoing external technical assistance can be provided, but the implementation process must be constantly advocated and managed by an internal agent.

Carlson, Goldhammer, and others (1965) used the terms "content initiator" and "process initiator" to describe the difference between the person who defines the content or substance of an innovation and the person who initiates and gives substance to the process of translating the idea into practice. Gallagher (1965) distinguished between *non-directed* and *directed* change, and he defined the latter as follows:

> A structured situation in which an advocate interferes actively and

> purposely with the culture of the potential acceptor. In this system an advocate conscientiously selects elements in a target system (that which is to be changed) and by stimulating the acceptance of innovations, inhibiting the practice of prior patterns of behavior, or, as is frequently the case, doing both of these things simultaneously, he manages the directions of change. (p. 39)

In accepting the idea, then, that a specific leadership person or advocate is necessary to manage change effectively within the system, we made the assumption that circumstances called for a "directed" change system.

3. *Not all formal organizations are equally open to planned change, but all can be changed to some degree through planned change strategies.* As a group, large-city school systems have never been particularly known for openness to innovation or change. Although some major exceptions exist, the Boston school system is not known particularly for acceptance of change; it has been characterized as rather political, traditional, and fairly resistant to either external or internal changes. For example, only during the past year did the system authorize the employment of persons external to the school system for major system leadership responsibilities. Principals, directors, supervisors, and other key management persons were almost always persons who had grown up in or gained credibility within the school system.

The perspective that all organizations can be changed to some degree through planned change strategies is necessary if the expectation for change is to be realized. Obviously, the rate of change in given organizations will vary according to variables related to organizational readiness, such as those suggested by Gallagher (1965) and Johnson (1973).

4. *There is no one way to conceptualize, direct, or manage change.* Variations in types of presenting problem, organizational readiness, style of change agent, availability of resources, and other factors require the conceptualization and management of change in a somewhat eclectic manner. Several conceptualized change models or processes are available, such as those discussed by Netzer and Eye (1970), Knezevich (1969), and Dalton, Barnes, and Zalaznik (1968). Obviously, although one does not always engage in formal model-building exercises prior to initiating change operations, one must be at least familiar with various theoretical and functional perspectives and willing to use aspects of existing models that seem to be germane and reasonable to the situation.

For reasons related to the client system's readiness, the need to create substantive change quickly, and the leanings of the coordinate status team, as well as other reasons, the adopted approach was somewhat more organization oriented than administrator oriented (Knezevich, 1969); it placed more emphasis on the importance of task, structure, process, and technology (Chapple & Sayles, 1961) than on person orientation (Bennis, 1966); and it was more rational deductive than opportunistic in nature (Braybrooke & Lindblom, 1963). In other words, the primary focus of the support system team and the internal change agent was on bringing about change or organizational renewal through rigorously defining the task, developing a specific change strategy, establishing the processes and structures, using management technology, and creating organizational readiness.

The Technical Assistance Process

The Process Model

The technical assistance process used in the Boston school system is generic enough to adapt to other technical assistance needs, particularly if major organizational renewal is contemplated. As space will not permit a full description of each technical assistance phase of the process, each is discussed only briefly. The phases used with this client system were as follows:

I. Preliminary Negotiations.
II. Needs Assessment.
III. Goal Setting.
IV. Model Building.
V. Task, Strategy, and Accountability Specification.
VI. Implementation.
VII. Outcome Evaluation.
VIII. Re-Cycle.

All eight phases include generic activities of *legitimation, process evaluation, maintenance of decision record, task and strategy reprograming*, and *change agent training*. Figure 2 represents this configuration. Implementation of the technical assistance or "change management" process (Fig. 2) requires, at any given time, specific focus on one time-specific phase and the five generic activities. The Technical Assistance Consultant has the primary responsibility for process evaluation, task and strategy reprograming, and change agent(s) training. The internal change agent is responsible for legitimation and decision recording. The technical assistance consultants, however, maintain overall responsibility for ensuring that all generic activities are conducted.

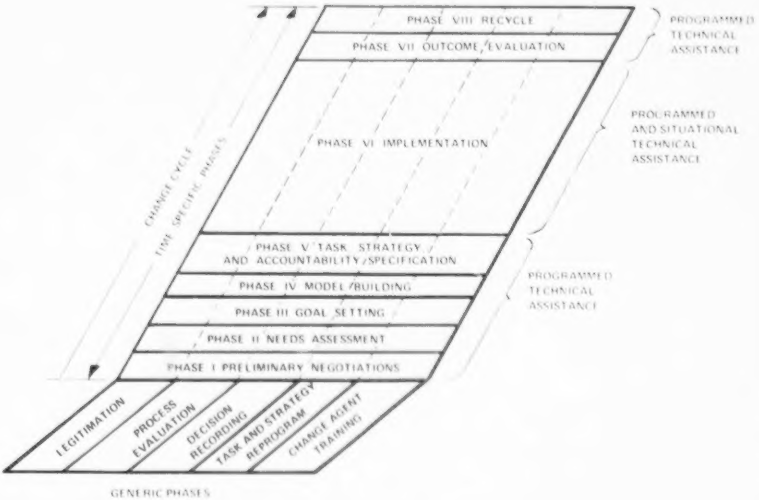
PHASE VIII RECYCLE
PHASE VII OUTCOME/EVALUATION
PHASE VI IMPLEMENTATION
PHASE V TASK STRATEGY AND ACCOUNTABILITY/SPECIFICATION
PHASE IV MODEL/BUILDING
PHASE III GOAL SETTING
PHASE II NEEDS ASSESSMENT
PHASE I PRELIMINARY NEGOTIATIONS
PROGRAMMED TECHNICAL ASSISTANCE
PROGRAMMED AND SITUATIONAL TECHNICAL ASSISTANCE
PROGRAMMED TECHNICAL ASSISTANCE
CHANGE CYCLE
TIME SPECIFIC PHASES
LEGITIMATION
PROCESS EVALUATION
DECISION RECORDING
TASK AND STRATEGY REPROGRAM
CHANGE AGENT TRAINING
GENERIC PHASES

Figure 2. The technical assistance process: Relation of generic activities to time specific phases.

The right margin of Figure 2 illustrates the type of technical assistance generally used in the various time specific phases. Phases I-V and VII and VIII usually require a highly structured and programed technical assistance format; the implementation phase (VI) uses programed technical assistance only as specific tasks require it and as crisis or special problems affecting implementation (goal attainment) occur.

A brief description of each phase pertinent to the change management process model used in Boston follows:

Generic Activities

Legitimation. "To make legitimate" is a process vital to creating change. Sponsors, superordinates, subordinates, constituencies, and others all play varying roles in providing legitimation for specific change goals and activities. Each prospective change goal and all attendant activities must be analyzed in terms of the need for legitimation and of legitimation sources. Legitimation activities are productively applied not only to formal organizational legitimation but also to securing support of any other group or individual in a position to influence the proposed change.

Process Evaluation. Each phase should include at least one review of process and progress to date and the implementation phase should include process evaluation sessions. Simply stopping, in a formal sense, to ask how this or that worked out, and are we on schedule and still target specific, or to review actions taken to date, often produces the insights necessary to determine future steps.

Decision Recording. A record of all assumptions, understandings, and decisions made regarding models, strategies, assignments agreed upon, and the schedule for action must be maintained; it is a useful tool for verifying that actions were taken, communicating to significant others, and referring to earlier decisions or actions.

Task and Strategy Reprograming. Any plan designed to create change in formal organizations represents, at best, the best guesses of those originally involved, and these best guesses must be refined through experiences. Also, as a timetable very often goes askew, it is important that at and during each phase new timetables be developed.

Change Agent Training. As discussed earlier, change needs specific leadership attention and focus, and external agents are not appropriate in that role beyond a certain point. Most administrators, however high the risk quotient of change is for them, are generally poorly prepared in the use of change strategies and they need training in the use of the strategies. Technical Assistance Consultants must insure that every interaction with the internal change agent is a learning or broadening experience, and they must train the change agent sufficiently to allow independent applications in the absence of technical consultation.

Time-Specific Phases

A brief description of each time-specific change cycle phase follows:

Phase I. Preliminary Negotiations. General brainstorming is conducted about what needs to be done and how the technical consultants may be helpful, and the needs assessment phase is designed. The initial timetable through Phase II is projected and various contractual negotiations, if any, are conducted.

Phase II. Needs Assessment. Activities are designed to define more clearly the scope and complexity of the problems or expressed needs. The definition can range from the collection and review of documents related to budget, organization, and such problems to a full-blown needs assessment process using full instrumentation and one of several needs assessment models.

Phase III. Goal Setting. Based on the data obtained and reviewed during the needs assessment phase, the defined problem is now translated into what one wants to do about the problem. This translation is in goal format. The overall targeting process constitutes the cornerstone for Phases IV-VIII.

Phase IV. Model Building. Within technical assistance activities designed to renew organizations, model building is the activity that projects various organizational modifications in alternative ways. Through defined interaction and consensus, the significant parties agree on what is to be implemented in Phase VI. If the timetable allows, field testing of the models, if they are original, is usually indicated; if they are not, best guesses and empirical evidence eclectically collected and applied must do. Obviously, the model developed for implementation in Phase VI must be relevant to and show promise of the ability to achieve those goals that were an outcome of Phase III.

Phase V. Task, Strategy, and Accountability Specification. This design period for the implementation process consists of establishing the timetable for the remainder of the cycle, determining which significant others should be planfully involved in or touched by the process, assigning tasks, predicting resisters, defining when the external Technical Assistance Consultants should function in a situational manner (unpredicted client system or change agent request for assistance), and scheduling training activities as necessary for the change agent and others.

Phase VII. Outcome Evaluation. The implementation (Phase VI) is examined to measure the success in attaining the goals (Phase III).

Phase VIII. Re-Cycle. Contingent on the success in reaching pre-established goals, either a new change cycle to complete unfinished business is established/negotiated or the support system is expanded to encompass a new set of goals (see Fig. 1, "expanding support system" dimension).

Application to Client System

The Special Services Department of the Boston school system was the primary focus for the application of the change model (Fig. 2). Unfortunately, space does not permit a full account of the specific activities conducted in Boston, but several activities follow in summary form to suggest the scope of the work:

Phase I. The brainstorming activity and interactions took place over most of the year prior to actually beginning Phase III. It involved the exchange of site visits between Boston and Minneapolis as well as other activities.

Phase II. In Boston, the needs assessment activities consisted primarily of reviewing existing data on the status of the organization, discussing the organization with various persons within and external to the school system, and holding several "problem definition" sessions. The latter resulted in defining the following two major problem areas:

> The current service delivery system had no visible and defined "mainstream effort" that could meet the requirements of court ordered and/or legislated changes.
>
> The leadership and management structure/system, as currently staffed and organized, could not effectively cope with changing organizational and client needs.

Phase III. The problem areas identified in Phase II were translated into two primary goals, both related to the overall goal of renewing the Boston Special Services Department to enable it to carry out its mission more effectively. These two primary goals were

> . . . to establish a demonstration program for mainstreaming children with special needs into regular education; and
>
> . . . to restructure or reorganize the Special Services Department leadership and management support systems so that those structures and systems would be consistent with a full level of service delivery system.

Phase IV. Model building for the second goal (leadership reorganization) began with developing the assumptions necessary to determine the extent of relevant choices and stating constraints assumed to be extant. The following assumptions were generated:

1. As a means of insuring compliance with current legislative requirements, organizational renewal is the priority task for the Department of Special Service for 1973-1974.
2. The prevailing reason for organizational renewal is to develop systems and organizations that maximize the life chances of children with special needs.
3. The current categorical leadership organization is inconsistent with contemporary philosophy, needs, and existing legislation.
4. Coordination and interface with general education is mandated.
5. The renewal leadership organization must be formulated by March 30, 1974 and implemented by September 1, 1974.
6. The model for organization will be developed by phases, with Phase I targeted on delivery aspects of the Department of Special Services, and Phase II, on supportive services.

7. The renewed leadership structure will operate with current staff complement.

8. Renewal will be accomplished internally but external resources will also be used.

Several organizational models were eventually generated and discussed. A select group within the client system reviewed them and selected one. Since space does not permit full discussion, suffice it to say that the selected model represented a radical departure from the existing organizational structure.

Model building for the first goal (mainstreaming) was less protracted than for the second goal (restructuring the leadership and management support systems) as several well-established mainstreaming models were already operating in other school districts. The Minneapolis Harrison School model was eventually selected for a demonstration program in the client system.

Phase V. The design developed for implementing the service system renewal and renewing the organizational structure was fairly detailed and many faceted. The following outline provides only a summary of several major steps:

Mainstream Goal

Preliminary activities

A. Site visit of staff of the Boston Public Schools to Minneapolis (June, 1973).
  1. Conferences with special educators of the Minneapolis Public Schools and staff of the Leadership Training Institute/Special Education.
  2. Visits to Harrison School and Seward School mainstream programs.

B. Inservice training sessions for all principals, headmasters, and department directors of the Boston school system (June, 1973).
  1. Presentation of the concept of mainstreaming.
  2. Presentation of the application of the concept—Harrison School (Minneapolis) Resource Program.

C. Inservice training session for selected principals and staff of the Boston school system (June, 1973).
  1. Detailed presentation of the Harrison model.
  2. Detailed presentation of the Seward (Minneapolis) model.
  3. Detailed presentation of the Northern Iowa model.
  4. Detailed presentation of the Vermont Consulting Teacher model.
  5. Detailed presentation of the projected Boston school system model.

D. Conference for the development of the plan for the implementation of the Project (August, 1973).

Subsequent Activities

A. Initiation of action program for the implementation of the Project (October, 1973).

B. Fifteen to 20 action steps were outlined, including employment of staff, selection of target schools, etc.

Organizational Structure Goal

A. Initial conference between Boston school system (Associate Superintendent for Special Services and Administrative Assistant to the Superintendent) and coordinate status consultants.

B. Determination of the nature of the extent of the renewal: total leadership structure vs. subsystems.

C. Decision to undertake renewal of total leadership structure in the following six-step sequence:

1. Formation of Ad Hoc Planning Task Force with membership of four persons: Associate Superintendent for Special Services, Administrative Assistant to the Superintendent, Educational Planning Center representative, and State Department of Special Education representative.
2. Formation of Staff Invitational Planning Committee.
3. Development of Internal Consensus—Staff Training.
4. Internal and External Legitimization:
   Internal—School Committee, Board of Superintendents, others.
   External—Parent Groups, State Department of Education, others.
   Legitimization at three possible levels: Awareness, Consensus, and Approval.
5. Staff to position assignment (existing staff to new positions, and recruitment to field vacancies).
6. Subsystem development (2-year timetable).

Phase VI. The phase is still operational. Major activities to date have been revising the timetable, altering strategy, and meeting unplanned for contingencies. Current status of the leadership reorganization process rests at the "staff to position assignment" step. The mainstream project is well under way; to date it has created significant impact on the school system, and is at about Phase VII (see Fig. 2).

Phases VII & VIII. These phases have not been activated as of this writing, and will be initiated at the completion of Phase VI.

Some Important Issues

As one attempts to work with any organization to strengthen its effectiveness, several issues come into focus and require attention from both the consultant and client systems. Among the issues are the following:

1. Must the client system and consultant plan for and carry out major changes related to overall organizational health, or can one begin with small efforts, hoping that they will eventually lead to a stronger organization? That is, if the Boston Special Services Department desired to attend to the urgencies of new legislative requirements by arranging to have all regular class teachers take the "Introduction to Exceptional Children" course and adding several categorical supervisors to the existing structure—as opposed to restructuring the delivery and leadership systems—would it even be ethical for a consultant to agree to assist? Is organizational effectiveness enhanced by focus on larger change, small increments of change, or overall changes in addition to several smaller efforts? Miles (1965) addressed this problem as follows:

> It might be useful to point out in conclusion that the position taken in this paper is *not* that an organization must necessarily be brought to a state of perfect health before it can engage in any meaningful short-run innovative projects at all. Rather, we feel it is quite likely that the very act of carrying out small scale projects in planned change can undoubtedly strengthen the health of an educational organization but only if *direct attention is paid concurrently to the state of the organization*. The basic innovative project, we believe, must be one of organization development itself. (p. 32)

In the Boston application, Miles's philosophy was pursued with planned efforts in organizational development *and* with efforts to create smaller service delivery changes operating concurrently.

2. In creating organizational change, what are the situational variables that lead to the choice of a consultation method or change mode? Does one select a directed, an open, or other style based only on the consultants' preferred mode of operation? or do timetable imperatives, personality of the change agent, and other situational variables require certain consultation styles or certain change models? Are there, for example, certain organizations in which planned change might be more effective if a nondirective, person-oriented model, as opposed to a more directed, structure and process-oriented model, were used? What are the variables that predict choice of style and model?

3. In improving an organization's effectiveness, how much risk should one advocate for the internal change agent or agents? Obvi-

ously, there are many change strategies and models, some of which require either an administrator with a high-risk quotient, or consultants who are able to influence the administrator to be "bold," or which advocate change on such a grand scale that failure would cause major discredit to either the change agent or the innovation or both. In providing technical assistance, should consultants err in influencing the administrator on the conservative side?

4. Is the concept of coordinate status consultation self-limiting or regressive in nature? Many fields such as sociology, business and industry, psychiatry, and anthropology have expertise that may be helpful to persons (administrators) thinking about improving organizational effectiveness. Does the use of professional peers in a role-alike dimension stifle creativity in goal setting and in problem solving? On the other hand, if a coordinate status consultation model is not used, how does one establish credibility within the client organization?

5. How does one deal with major macrosystem pathology when the specific charge or task at hand is to improve effectiveness of only one part of that system? In working with school organizations, for example, regressive or, at best, conservative personnel and other school board policies, past practices of other influential units of the organization, and superordinate style or relationship problems often exist. As a general rule, must these be viewed as outside the domain of consultative assistance or as inhibiting factors which the internal change agent should be conditioned to directly influence?

Summary

For the past two years, a fairly sizable and defined technical assistance support system has provided varying resources to the Special Services Department of the Boston school system. The major goal has been to assist the system to strengthen its ability to provide quality education and services for all handicapped persons. Methods used to assist the system to date have included the provision of coordinate status consultation, funds for site visits, training opportunities, general advice and planning help, and liaison with various institutions of higher education. So far progress has been encouraging. When Phase VII (Outcome Evaluation) is completed, more information on the progress in relation to the goals will be available.

Critical issues which have been raised and addressed in this process relate to (a) scope of consultation, (b) selection of consultation style and change model, (c) the extensiveness of change and the attendant risks to the internal change agent, (d) usefulness of the coordinate status approach, and (e) macrosystem pathology.

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Discussion

Parker: Could we focus on the five problems that Dr. Johnson presented? Would anyone like to express an opinion of these problems?

Cohen: 1. I find the whole concept very interesting. Do we take the whole system or parts of it? That, to me, is a strategy question. What influences your strategy? To be very pragmatic, I think the answer depends on which would be a success. If you have a debit and credit sheet, you add your strengths, your troubles, all your skills and your manpower, and the time required, and you ask what would be successful. If a group of small projects would be successful, that would be better than tackling the whole system and getting halfway. You would engage in a strategic process of weighing and consulting with your group to help you determine what will achieve your central objective. I am suggesting that both approaches are appropriate; the decision of when to use them should be made in terms of how successful you can be.

2. Again, to be very pragmatic, I think much depends on the style of the consultant. An approach is very much a matter of style. I think consultation is more an art than a science.

3. Personally, I would protect my consultee. Not only would I not encourage risk taking, but I would help the consultee not to risk. I would follow the consultant model—that the safety of the person you are helping is primary.

4. I think Johnson is utterly right that being a coordinator is a 50-50 proposition. Successful communication is essential to establish the coordinate status of a different relationship with a different discipline.

5. Here I must be very pragmatic. The question is, what is successful? What will make a macrosystem succeed? The consultant must acknowledge that there is a limit to his power, that this school committee is going to macrosystem automatically.

Question: Dr. Johnson, have you found at times that there is no agreement between your objectives or views and the kind of changes the school district wanted?

Johnson: As a result of the consultation process and other factors, Boston has decided to create some mechanisms. Although you or I wouldn't necessarily do it the same way, their decisions evolved out of the consultation process and they are legitimate. As a consultant, if I felt that such mechanisms or activities were not going to be productive, I would make every effort to bring forth data or evidence to help them think through different approaches. I would not go out on a limb as a consultant and say, "Well, that really isn't appropriate. That's not right. You've got to do it this way." But I would not forego an appropriate opportunity to discuss or bring forth any evidence for another way to look at the problem. In this applied case, the decision was to assist them with the planning process, through the internal policy team, and try to work through to an acceptable model. The model developed as it did not because we intervened, but because they sorted it out themselves. There's something to be said for patience in the consultation process, as good sense will usually prevail.

Question: Could you share with us what you consider the importance or meaningfulness of the negotiations for contracts? And, when do you exit as a consultant?

Johnson: The importance of the preliminary negotiations lies in the expectations and disclaimers. I think it's important to set the stage by explaining who you are and who you aren't, and what available resources can be called on under what conditions. You don't always know all of that but you can discuss what it is currently, at least.

The question of exit should be discussed in the preliminary negotiations. "Any time you're tired of this and unhappy with it, or we decide that this is not profitable, we'll make either a unilateral or mutual decision to disengage." There is then no programed exit time except for the limitations of resources.

Cohen: The time is usually right for change when there's a mandate to come in as a change agent. Now, you go with a small effort and you exclude a major part of your system. Doesn't a certain amount of resistance build up in that part of the system because they're not a part of the project? Don't you, at some later date, have to overcome that if you are going to internalize the change in the system?

Johnson: I think the answer is yes. In fact, that was brought out in the last presentation about Houston and it will probably be true here. Whether you start small or large, you're always going to miss someone and someone is going to be offended that he wasn't involved. In Boston, there were involved principals, a select group of regular class personnel, policy level personnel, the state department of education, the community, and the universities and colleges around Boston.

Numbers of people in target groups were involved, or informed, or actually helping with the process. Even so, other significant actors and organizations were not included.

Question: It seems to me that you have to make trade-offs. What you trade is a sense of achievement or progress if you start doing some small projects while, at the same time, you are workong on the development of the larger one. I thought that that was what you said they had done. My main question relates to Mr. Brokes's question about negotiating the contract: Do you feel that the contract negotiation should clarify whether the consultant is going to advocate a particular plan, system, or position rather than consult? Wouldn't this question have an implication for the concept of coordinate status?

Johnson: I think that whether the consultant is going to advocate a certain model does not necessarily have to be negotiated or put in the contract. It would have to be negotiated if you went in with a specific content and process and weren't going to listen to anything else.

Comment: Or if you were utilized because you represented a particular point of view that was wanted.

Johnson: However, if you come in to do a needs assessment and develop your goals and strategies out of the needs assessment, you cannot predict what those goals and strategies will be at the preliminary negotiations phase. It depends on your perspectives at the entry point.

Question: To return to problems 1 and 5, to what extent do you feel that the negotiated statement of goals offers guidance to questions raised by the clients? Do you find it a sufficient guideline?

Johnson: I hadn't thought of it that way, but now that you bring it up, I think it would be a reasonable interaction. The first problem is about what it is you've purported to do when you finally decide where it is you're going to work and what your goals are going to be. If your goals call for developing a mainstream program and some macrosystem pathology prevents it, then, in some way, you must address the macrosystem pathology.

Comment: It sounds familiar for the negotiator to think about how those changes are going to reverberate and to make some assessment of the overall system. I try to share in advance my expectations of what that's likely to involve with the people that I work with so that when we're midway into the thing we will not suddenly be faced with a can of worms. If somebody asks me, I say I'll be glad to come out and we'll talk two or three times about this and, then, at the end of that time, we can decide whether we really want to work together; but let us keep things very tentative until we've done at least some kind of feasibility study.

Comment: You're not only talking about feasibility and payoff but side effect studies, also.

Johnson: That's right. What are we really getting into? Sometimes I decide at that point I don't want any part of it.

Comment: Getting back to Dr. Cohen's remarks about protecting the client, you have an obligation to so act if you assume that you are going to protect the client.

Johnson: I would want to help protect the client from taking any uncalculated risk.

Parker: Who is the client?

Comment: The change agent—what you would call the internal change agent. My partner, I guess you'd say, in this procedure. He or she is the person who's likely to be at the focal point of most of the resistance and who is likely to be perceived as being the person most responsible for the outcome.

Parker: You might do all kinds of things to protect that change agent (client). Is a person really the client or is the client, in some sense, the system and all the children? I really worry about that.

Johnson: You can place stress on a client, whether defined as a person or a group. I don't think you have to avoid placing either cognitive or physical stress on a client. I don't think that that qualifies as a definition of protecting your client. I was thinking more about the ripple effect of what that person goes off and does when you're not there; what you're maybe unconsciously leading that person to do, which places her/his position at risk.

Question: Is risk a rate of change or scope or both?

Johnson: It can be both.

Question: And do you see any other dimensions in risk?

Johnson: Strategy. Style, in some school systems, could be a risk.

Dollar: When you think about risk, one would be the risk to the job; if you are fired, the whole thing falls apart. There's another kind of risk. You generate change in the system, you create interpersonal tensions which come to bear on people. I think about looking at those and calculating, but also about providing emotional support for any member of the client's system who, over a given period of time, may be subjected to a lot of tension because of what's happening in the system. I would feel an obligation to create some supports for such persons, particularly if they are at the focal points of tension at various stages in the change process, by providing that support myself through the consultation relationship or by providing a relationship network to support the person at a given time in the change process when a lot of stuff is hitting him.

Question: In this case, Dr. Johnson, was your contract with the Internal Change Agent as a person or with the person directly? Was the social—not financial, but the social—contract or negotiation with the system or with many people within that system?

Johnson: I would say that it was with many people to begin with. However, the primary interaction was with the Associate Superintendent. The overall governance for what was being done and the legitimation for it came externally from the Leadership Training Institute/Special Education and internally from the policy team. That policy team was formulated specifically to work with and support the change agent. That's where the rather constant activity of legitimation is focused.

Comment: One of the things that I would do as a consultant is to be sure that that contact team is a genuine emotional support system, and that my contact person or internal change agent has that support available. I'd be checking out very carefully: "Is support really coming? Are they sharing responsibility? Is there good communication? Can (s)he go to them when things are really tough and get both some emotional support and helpful advice and practical kinds of help?" I'd be checking that out particularly at times when heavy stress is likely to be placed on the internal change agent.

Cohen: You know, there's an aspect which I think is very important and it's very emotional. You said, "Is she the client or are the children the client?" I think that this is a very important difference between consulting in schools and consulting in agencies, like public health, because in school you have to go through a four- or five-layered system before you get to what is most meaningful—the child. The decision, at times, between those four layers and the final child recipient is, I think, one of the most difficult for a consultant. You asked, "Is the Associate Superintendent the client or is the child?" I think the Associate Superintendent is your client. Am I correct?

Johnson: That's my perspective.

Cohen: So with this, she and not the children is the focus?

Johnson: Yes, because otherwise where do you stop? I mean, it goes to the community, to the world. The relationship is with that one significant person.

Cohen: Right. But it's a very emotional issue, according to educators.

Reynolds: You can have school systems that get in such great difficulty that nobody will become a consultant to them and they just deteriorate. But there are children there. Even if everybody said that a system would die, neglecting the children is really not an option in America. You've got to try.

Comment: The fact is, Dr. Reynolds, that however bad a school system may look to people on the outside, the people who work in the system usually look on themselves to a person as advocates for the children.

Reynolds: Yes, but a whale of a lot of people who could be useful, who are not in an immediate sense a part of that system may say, "Stay out. It's difficult. Don't become consultants." I guess I would say that what we need is a system of cooperation, of sharing, of consultation that would make it possible for St. Paul, for example, to be useful to some other city or vice versa, no matter how damnably difficult the situation may be. Somehow or other, the overall system must be such that not everybody bugs out of hard problems.

Comment: You made a connection between the fact that not everyone wants to help in a bad situation and whether the consultant is an advocate for the children. I don't see that connection.

Reynolds: There is some connection, I believe. One could ask Johnson, for example, or anyone in his role, what happens when you start defining as your client, committee, or internal working committee the staff people you're working with—the assistant superintendent, board of education, or whoever. I think that you cannot ignore the kids for whom the school is operating. When you start making choices among decisions which may adversely affect any one of these people, where do your priorities lie? If the priorities lie with the kids. . . .

Johnson: I think I understand the issue quite well. One of the steps of our consultation process with a client is to arrive at a set of assumptions which are a kind of bedrock for everything we do. We have our goals: They are targeting kinds of things. But you look at the last point, number 16. This assumption, the bedrock, as it were, was generated by the internal policy team, the Associate Superintendent, and the consultant in developing a list of assumptions on how each would work and why we are doing this anyway. Just one of the prevailing reasons for organizational renewal is to develop systems and organizations that maximize the life chances of children with special needs. Now that sounds like a motherhood platitude, but it's there, it's agreed on—not just by one person, but by the superintendent's office and all the others on the policy committee. Everyone is not gong to remember it every minute, but at least it is a point of reference to come back to. It often becomes the consultant's prerogative to come back to these assumptions. When you start wandering off this way, you have the responsibility to say, "Wait a minute, now, this has to do with our decision record, our track record. On such and such we went through an exercise that generated some assumptions and one of these was this one. I wonder if I could ask you if by doing this you want to go back and change this assumption, or do you want to hold it?"

Parker: I picked up a kind of feeling on your part, Dr. Young, that sometimes consultants come in with a set that says they are really advocates and people in the school system really aren't advocates, and that that doesn't represent a very complete picture. Do you want to comment more about that?

Young: Yes, I do, as a matter of fact. The school superintendent receives a great deal of consultative advice from very many kinds of people, and at times the people who give the advice are very well qualified in that they have acted as consultants elsewhere, they have a contract to act as consultants, and their advice has been accepted by others and has seemed to work. Then you get other people who have no such credentials at all. You get this advice from very young, middle-aged, and old people, from everyone, in other words. From this whole schmear, you find that it is not always one or another who has the good advice. You discover after a while that good advice comes from anywhere and from anyone, as well as bad advice. So the task is to be able to make some judgment on which of that advice will actually lead to improvement and which will not. Now the presumption on the part of anyone who gives advice, including the person trained as a counselor, is that the individual is on the side of the angels and knows he is because he put himself there. That is not the part of that person's credentials that impresses me very much. What does impress me is the logic and wisdom of his judgment, or the advice or consultation which comes out as a result of dealing with the person. But if I contract with someone to give me, the board, or the system, consultant service, I think I would insist that I be part of the decision-making process right from the beginning. I may decide that the consultant is precisely the kind of person we need, or maybe I'll decide that he is not. If I am or view myself as the client, I want the consultant to view me as the client, too.

You pointed out a little earlier that a couple of kinds of risks are involved. The risk to the individual who may lose his job or may have difficulty with other people in the system, whose social relationships with other people in the system may change very drastically as a result of something that individual is trying to do, is one kind of risk—the personal risk. The other kind is that improvement which is desirable may be a risk. You may not be able to make the change even though the change may be the very best thing that could happen. You may not be successful in making the change because one took risks which then sank the whole damn ship. Then it's all lost. Therefore, that risk is the more important of the two, although as an individual I'm very concerned with the first one, too. I think your third and fifth issues are also closely related. How much risk should you advise the individual or the client to take, or do you need the client to take? Then, how does the consultant advise in regard to approaching or dealing with macrosystems? That approach may lessen or increase the risk to the client. The success of that approach, of course, has a very direct bearing on the risk and also to the idea. Perhaps there ought to be some difficulty in bringing about change—some battle that has to be fought, or some trauma that has to be experienced—because most of the things we find well established in the public school systems today were, at some point in the past, somebody's idea of change, some innovative kind of thing that, in all probability, had to fight its way into the system. Once having fought its way into the system, in a sense, an idea becomes well established. Maybe any new idea that requires significant change should be put to some sort of test. Maybe part of that test is dealing with the system that already exists. If the consultant is a very clever kind of person or knows his way around different systems, he may increase the risk of the destruction of the idea by pointing out to the individual client with whom he's working the ways that allow him to move through this too easily, too quickly, or too facilely. Sometimes the system acts like a very receptive host, you know, and then destroys the idea once it gets it ingested.

Brokes: The concept of risk is a very difficult one to any consultant. I think risk is on a continuum of time. There are initial risks, that is, at the start of a program. They can be reasonably well defined and aren't too difficult. You can do a functional analysis and you can find what you're going to run into. Then there is the kind of risk which you can't predict until certain precursors have occurred. If the people in the system do not recognize those risks themselves, it is the responsibility of a consultant not only to highlight them but to say, "Okay, if this isn't going to work, what are the contingencies that allow you not to come to a standstill in the system?" Now you can run against it ad infinitum and every time you run against it the risk increases and you wind up with, from my point of view, one of the most difficult things a consultant has to do, that is, to avoid dichotomous positions within the system. Once you hit dichotomies you fall into two camps. So what you do is help the client down the road, saying, "What are some possibilities that you can live with?" And the client, whether it be the child, the system, or, in this case, the assistant superintendent, can begin to take a look at that and say, "Well, what would I do if that happened? What are my alternatives? What kind of other supports could I bring in?"

Another point that I think those of you who are in consulting deserve all kinds of credit for, is what we call the NIH—"Not Invented Here"—factor in consultation. That's a lulu, also; because, "If it ain't mine, I'm not going to invest in it and it may not be worth a damn until I kind of walk around it and look at it." So what kinds of nonmanipulative strategies do you set up in the system that de-politicize the way you look at NIH but make it very clear so people can come and observe it? Johnson's model, which I think is very sophisticated, (a) was given credence by that external committee and (b) was given a stamp of approval by the principal internal actors; therefore, they did not feel manipulated. By stamping it, the work we use is validated; that doesn't make any difference. However, when the procedure is validated and endorsed as it is brought into the subsystem, that is, in each school, it carries the endorsement of the existing hierarchy. I think you handled that concept very, very well.

The Theory of Consultation: Five Models

The Triadic Model of Consultation

One of the factors that became very clear as the conference progressed was that the term "consultation" was used in widely divergent ways. In the Houston and Vermont cases, distinctions among "teaching," "training," and "consultation" were often difficult to make. At other times, consultation was apparently used to mean either advice or permission to a constituency to act. Tharp clarified the distinctions among the three processes in his triadic model which places the consultee as the mediator of change between the consultant and the person in whom behavior change is sought. Having employed his model effectively in research and training for ten years, Tharp used the conference to "test" its effectiveness against some of the cases presented there.

One of the model's important contributions is to distinguish between consultation and all other forms of assistance to behavior changes. One may not agree with Tharp that everything which is not consultation is best referred to as "training," but it is difficult to disagree with the conceptualization of consultation which he provides so clearly in his triadic model. He shows why and how support systems should be built into the consultation process in order to maintain changes; and he answers such questions as to whom the consultant is responsible and whether there are differences in the ways that external and in-house consultants must function to be effective.

The model also effectively deals with the question of how one establishes whether consultation works. Although some persons would measure consultation outcome on the basis of changes in student behavior, and others on the basis of consultee changes, the triadic model demands evidence of change in both the student and the consultee to demonstrate consultant effectiveness.

The Tharp model is presented first among the "theory" papers because of its definitional properties. The papers that follow describe process, content, and use of consultation.

The Triadic Model of Consultation: Current Considerations

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In the ten years since 1965, when Ralph Wetzel and I began to develop a model for the delivery of human services, a vast amount of data and experience in consultation has accumulated. Our theoretic *triadic model* and the results obtained from its operation were published in 1969 (Tharp & Wetzel, 1969), but perhaps more important are the many projects based to lesser or greater degree on the triadic system which others have conducted. Three such studies are included in this volume and, for convenience of the reader, illustrative material can be drawn from these projects (see the Houston, Vermont, and Deno papers).

So this seems a good time to re-examine the triadic model, offer some revisions, and test its utility by presenting the model with some current central questions in the field of consultation. A model remains viable only as long as it can answer some hard questions for us, and it gains vitality from such challenges.[1]

This discussion, then, focuses on four issues that currently plague theoreticians and practitioners of consultation. They are not the only issues, but they certainly serve as an adequate challenge.

1. Can there be a content-free "process" consultation?
2. To whom and for whom is the consultant responsible?
3. Is there a difference between training and consultation?
4. Must the in-house consultant work in ways different from the external consultant?

In the course of the discussion of the triadic model, the responses to these questions will become clear.

First, however, let me describe the limits of this discussion. It is not a complete explication of the triadic model. For example, it does not contain a discussion of the step-wise process of consultation, such as that presented in this volume's excellent paper by Blocher, or as exemplified in the Boston case report by Johnson. We presented a step-by-step guide earlier (Tharp & Wetzel, 1969) as well as a step-by-step analysis from the consumer's point of view (Watson & Tharp, 1972, Chapter 13). But this paper focuses largely on the *structural* elements of the triadic model, with particular attention to social positions and roles in the chain of helping services.

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[1] Problems of time and geography have prevented Wetzel's collaboration on this chapter, so he cannot be held responsible for its departures; nevertheless, our continuing interaction is a major source for my thinking on these matters.

Neither does this paper attempt the clinical wisdom, practical advice, nor articulated value system such as those contained in the papers of Cohen, Brokes, and Faust, respectively. Any worker in the triadic model can profit from a reading of these papers: Triadic structural analysis adds another facet to discussions based on community psychiatry, systems theory, and humanism. While the triadic model was originally and has been most widely linked to behavior modification, it is by no means restricted to behavioristic techniques. Therefore, this paper should be seen as a socio-psychological analysis of social influence.

The Means of Social Influence

I am in entire agreement with Blocher. I, too, see a short list of demonstrated potent means by which one person influences another. Blocher refers to them as "sources of gain." I prefer the term "means of social influence" because it emphasizes the absolute generality of the means by which one is influenced, whether for good or for ill. These means of influence are operative in all social relationships: They are the means by which the psychotherapist assists, the consultant consults, the parent socializes, and the teacher teaches. My own list is based on the psychological research of the last century, particularly that of the last decade. It is doubtless somewhat idiosyncratic, and we can be certain that neither mine, Blocher's, nor any other is the "final list." But for now, I propose the following:

Reinforcement
Modeling
Instruction
Feedback
Cognitive Restructuring

If this were the final list, we could say, "All social influence is effected by these means, either alone or in combination." Ten years as a psychotherapist, 10 as a consultant, and 15 as a trainer have left me with personal experience entirely congruent with the psychological research: The means of influence are the same whether we act as school consultant, counselor, husband, tennis partner, professor, or group facilitator. That which is particular to the consultant is not to be found by analyzing the means of influence. They are the same for all the helping relationships.

The emergence of the research data which has lengthened the list of these means of influence leads me to suggest a revised triadic model: I now see the triadic structure as describing the sources of influence rather than the sources of reinforcement only. While reinforcement may well be the thumb of the helping hand, it is only one of the five means, and I believe that the consideration of the overall means of influence will increase the generality and the accuracy of the triadic model.

The Triadic Model: Sources of Influence

The available means of influence are the same for all people, but the *sources* of influence are varied. The helping professions are distinguished by their offering of social influence on a contractual basis. The client pays the psychotherapist for this influence and the congregation hires a minister to influence them. In both instances, the influence is offered directly from the professional to the contracting client(s).

The triadic model reveals that in consultation the services are offered not directly but through an intermediary (Fig. 1).

If we illustrate each position by a circle, it is clear that,

> In the consultative triad, as shown in Fig. 1, all effects proceed to the target via the *mediator*, none directly from consultant to target. This analysis describes functional positions, not the people who occupy those positions. For example, any number of individuals occupying any number of social roles might serve as mediator: father, teacher, sister, minister, mother, employer, friend, and psychotherapist. Indeed, the same is true of the functions of either consultant or target (Tharp & Wetzel, 1969, p. 47).

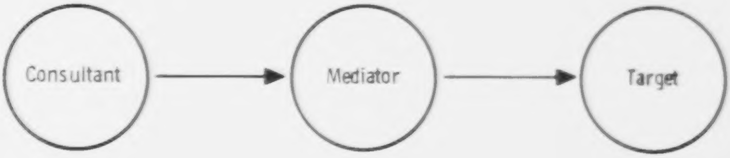

Figure 1. The consultative triad.

For example, Ms. Jones the second-grade teacher may serve as mediator between Brown, the psychologist, and John, the problem child. At the same time, she may be the target of her principal's training program and the consultant to her aide-mediator in the service of Susie's reading problem. The triadic model, then, describes relative positions in the chain of social influence. These positions are identified as follows:

The *target* is the person with the problematic behavior, the change of which is the primary goal of the directed influence.

The *mediator* is the person with the available means of social influence for effecting that goal.

The *consultant* is the person with the knowledge to mobilize the mediator's influence.

This triadic model describes the consultative role more and more frequently employed by the psychologist working in the schools. The psychologist/consultant still occasionally offers direct services to children, but the trend toward more triadic-consultation operations is apparent. The consultation model offers services to more children, it incorporates the influence of the mediators who have a continuing relationship to the child, and it offers a vehicle for teaching mediator-parents and mediator-teachers skills of continuing utility. The national trend toward the "mainstreaming" of "special" children makes it even more apparent that the psychologist must work through regular teachers, if his services are to be widespread and effective.

The case of Larry in the Egner and Lates paper is an example of a triadic consultation. Larry was referred to the consultant for underachievement, distractability, and being out-of-touch with teacher interaction. Four teachers were concerned with Larry, and teacher-collected data on the boy's performance formed the basis for the consultant's intervention. (It is typical of this model that the consultant need not see the target at all.) All four teachers implemented an intervention plan in which a predetermined rate of accurate work resulted in a check-mark. Larry's mother redeemed his check-marks for an auto ride around his 6:00 a.m. paper route—no mean reinforcer in a Vermont winter.

In this case, Larry was the *target*. His problematic behavior was at issue, and the correction of this problem was the purpose of the consultant's interaction with the teachers and the mother. The teachers and mother were five separate *mediators*. All five had potentially effective (though somewhat different) means of influence—instruction, feedback, modeling if necessary, and reinforcement, but at the time of the consultant's entry, these potential means of influence were not mobilized correctly. The Consulting Teacher was the *consultant*; she was familiar with the principles and techniques of behavior influence and, therefore, she had the knowledge to organize the mediators' potentials with their goals for the target.

Let us continue with this example for a moment because further analysis illustrates nicely a crucial feature of triadic work; that is, the relationship between consultant and mediator(s). Of course, the Consultant Teacher had to coordinate the mediators' influence toward a common goal for the target; but she also had to store and analyze data, devise alternate intervention programs, and negotiate these ideas with those of the mediators. Considerable scurrying is usually necessary to keep communication open and clear.

But these tasks are only supportive devices for the consultant's immediate goal: to influence the behavior of the mediator. Of course, the ultimate goal is to change the target's behavior; but triadic analysis forces the consultant to see that she has only one route toward target change, and that is through mediator change. In the consultant's efforts to influence the mediator(s), she had available as means of influence *only that list* and it is always identical to the list of means available to the mediator for influencing the target. Egner and Lates work with an implicit list of means very similar to my own, since we both draw from the literature of behaviorism. One can be relatively certain that the consultant offered differential reinforcement to the mediators, that she occasionally employed direct instructions, that she modeled behaviors unfamiliar to the mediators, and that she provided quick and accurate feedback to them so that they could assess their performances. Whether this particular consultant employed cognitive reorganization as a separate means of influence cannot be judged from the report, but she might well have. Two techniques are common for such work, and they are often central during the early stages of consultation when the goals and methods of intervention are being clarified and negotiated. These techniques are first, the creation of a nondirective problem-solving climate, and second, the simple offering of new ideas.

In any event, the interaction between sources and means of influence works as follows: The mediator must influence the target, and the consultant must influence the mediator, but both draw from the same list of means. I want to emphasize once more that this principle is independent of the items on the list. Our lists are the bins into which we sort phenomena, not the phenomena themselves; and the most sophisticated lists are under constant revision in the light of emerging data. But it is inconceivable that a consultant, believing that certain means of influence are effective, would not use these means to influence the mediator and advocate (in some sense) that the mediator use these means for the target.

For example, it is clear that Faust includes a category of *personal impact* as a means of influence, and that he encourages his mediator-teachers to employ this means in their target interactions. Surely he must employ personal impact in his interaction with the mediators themselves.

But what of the flexible eclecticism advocated by Johnson? *We are all eclectic*, in the sense that we draw selectively from our own lists of means. Even from a rather strictly behavioral list, such as my own, the consultant does not always use modeling or instructions, certainly not always in the same proportions. The same mix is not always used by consultant and mediator. But over time, in a case of normal length, or across a few cases, the full list will be employed by the consultant. And, perhaps more importantly, that list will be exemplified. Because even when the consultant does not directly instruct the mediator to use a certain means in relation to the target, the consultant will *model* his preferred means, willy-nilly, in the *process* of consultation itself.

Therefore, we can now address the first question raised in the introduction: Can there be a "content-free" process consultation? No. Because the process is composed of content. This is, in fact, one of the great strengths of the consultation enterprise. Because of the parallel nature of the consultant-to-mediator and mediator-to-target relationships, the first serves as a learning arena for the second.

The Consulting Contract

For me, a great advantage offered by the triadic model is the clarity it provides in social roles and responsibilities. For example, consultants often feel conflict over issues of loyalty and advocacy. To whom, after all, are we responsible—to the teacher? to the child? to all children of the school? to the host institution? to the parents? The financial aspects of the consulting contract vary so widely that it makes for further confusion. The consultant may be the "employee" of the host institution or of some unit within the institution. He may sometimes be employed by the parents to correct some school-based problem. He may be an independent contractor to the principal or to the superintendent—occasionally even to the teacher. Some consultants resolve conflict by adopting the goals of the financial contractor. Others construe themselves to be the strict advocates of the child(ren), if necessary, against the currently inadequate system.

I believe that none of these solutions is correct. There is a *social contract* among the participants in a consulting operation which transcends the financial contract. The consultant and mediator agree upon several points, some of which are the goals for the target, the methods of intervention, and that the direct influence of the consultant is limited to the mediator, so that the mediator alone acts upon the target. If the social contract and financial contract come into conflict, the consultant may even have to resign or exit. I do not mean this statement sanctimoniously, although every consultant will have inviolable values; rather, the primacy of the social contract is established by the inherent procedures and limiting conditions of consultation.

Effective intervention certainly calls for full participation by the target in adopting the intervention plan and often even in goal definition. But these agreements are between mediator and target. The consultant may suggest or otherwise influence the content of these agreements but he is not a principal in that social contract. The consultant's contract is with, and solely with, the mediator.

The content of that contract invariably includes a specification of the goals for the target. (Presumably, a consultant would not enter a contract which he could not endorse on both a professional and a value level.) If, in mid-operation, the mediator changes the goals for the target to ones unacceptable to the consultant, the consultant may terminate the contract or attempt a renegotiation. But for as long as the social contract exists, it is between consultant and mediator. In addition to the jointly endorsed goals for the target, the contract contains two other features. One is a statement by the consultant: I agree to attempt to influence you, the mediator, toward action which will achieve our goal. The second is the statement by the mediator: I agree to allow you to attempt to so influence me.

We are now in a position to answer the second of our troublesome questions: To whom and for whom is the consultant responsible? The mediator. This is true insofar as and for as long as one is consulting. If the consultant can no longer endorse this position, the consultation contract should be terminated and some other means of problem solution adopted.

Consultation and Training

Consultation is by no means the only method of human services. D. Blocher, for example, lists five forms: consultation, counseling-therapy, training, organizational development, and (perhaps) supervision. It is certainly interesting to oppose consultation to other forms of services; such contrasts can often reveal essential features of each.

We have already established that differences do not reside in the means of influence; consultation shares these means with any form of service. But sharp contrast is present in social structure terms. Whereas the basic social unit of consultation is the triad, *training is dyadic*.

This structural difference manifests itself in several aspects of the relationship. The social contract in training is between the helper and the target. In terms of goals, influencing the target is the object of the enterprise, and this influence is applied directly, without an intermediary.

In my opinion, we consultants do not bear this distinction in mind as often or as clearly as we should. This neglect is understandable because in our work we operate in both modes and often with the same individuals. In the case of Larry (and his is surely a typical case), Egner and Lates used the case as a means for teaching the mediators a method of individualizing incentives and curriculum so that many children could benefit. They were obviously successful; after a few months, the teachers adopted a token system for Larry's entire class. Dollar and Klinger remark that their consultants make every case an opportunity to teach mediators the general principles of child management. I know of no consultant who does not share this goal. In fact, every consultant is sorely tempted (and often rightly) to become a *trainer* of the mediators. In terms of the triadic model, the Dollar and Klinger Houston Program is basically a training operation with some elements of consultation offered to previously trained teachers. It is clear that most psychologists (and other consultants working in the schools) alternate between triadic consultation and direct training.

Why, then, is the distinction important? First, it helps us to clarify the basic social contract. As opposed to consultation, in training our social responsibility is directly to the target. In the Houston Program, Dollar and Klinger "contract" to teach their teachers a new way of instructing children. If the Vermont consulting teacher had chosen to work directly with Larry through tutoring or some other mode, her responsibility would have been directly to him. When the Houston consultants *consult*, and in the actual case of Larry, the triadic contract is in effect.

A second advantage of the consultation/training distinction is in *evaluation data*, which are quite different for the two operations. In training, the proper evaluation data for the program's success come from one source only: the target's performance. A special teacher or a psychologist who chooses to work directly with a problem child evaluates success by whether the child improves. If a consultant elects to train a teacher to work with the child, it is the *teacher's change* which measures the training effectiveness.

In triadic consultation, however, there are two sources of data, and they calibrate two separate aspects of the consultant's operation. Data on target change are certainly used; but these measure only the results of the intervention program between mediator and target. The second source of data is from the mediator's behavior; these data measure the consultant's influence on the mediator. For example, suppose the consultant (with the teacher's participation) has designed an intervention program somewhat like Larry's. Logically, the consultant will examine data on the mediators' acts. Are the mediators actually delivering the regular assignments? Are they giving Larry his checkmarks when he has earned them? Is the mother actually driving Larry in the mornings when, but only when, he has met the criterion? If they are not, the consultant is failing and he must reexamine either the contract or the use of the means of influence on the mediators. If they *are* performing the specified acts of intervention, the consultant has succeeded—in one half of the consultation job. Full success must be measured by reference to data on target change.

For instance, if the mediators are performing correctly, but Larry is not meeting the goals, the consultant has failed because of an inadequate program *design*. (Frequent examples of such failures are in the choice of insufficiently powerful reinforcers, in the setting of unrealistic shaping steps, and perhaps even in the choice of the wrong mediators.)

In summary, consultation assessment requires collection of data from two sources: mediator behavior and target behavior. Both must show improvement if consultation is to be termed successful. In training, however, assessment is properly restricted to target change.

Does this analysis offer any guidance in selecting consultation or training as the preferred operation in given instances? I believe it does, because we can select on the basis of the kind of data we require. In schools, for example, most consultants are convinced that lasting and widespread benefits to the children can only be provided through the classroom teacher. But the teacher can be either target, as in training, or mediator, as in consultation. When data on a particular child's improvement are needed for endorsement or disendorsement of a program, consultation is the proper mode.

But there are a few instances in which we are not concerned with data on the pupils of the teacher in question. In both Boston (Johnson; Cohen) and Houston (Dollar and Klinger), certain legislative mandates and administrative decisions make some classroom reorganization necessary, and those reorganizations require new behaviors by teachers and other school personnel. These decisions are not contingent upon data analysis. The teachers simply must develop some new behaviors in order for the schools to be in compliance with the law.

Of course, these schools will return as quickly as possible to effectiveness data in order to modify programs (or continue them) on the basis of the children's actual performance. But, at some moments in time, data on the children are irrelevant and training is obviously the correct mode.

The other condition in which training is the appropriate choice is that in which a given teacher behavior has such a well-documented relationship to child improvement that the relationship need not be demonstrated again and again. If the consultant *knows* that precision teaching, differential social reinforcement, open classroom, or whatever, *is in fact* beneficial to children, then he might as well move directly to training, which is more economical. I am rather conservative in estimating the number of these knowns, but the enterprise of educational research and consultation is steadily increasing them and perhaps the proportion of training to consultation will increase during the coming years.

The ideal school program would be one in which consultation and training are interactive, indeed, in which they would continuously leapfrog over one another in a steady advance toward educational perfection.

So much, then, for our third question. There is a difference between consultation and training.

A Triad-Dyad Analysis of Helping Relationships

Do consultation and training differ from those forms of human services which we call psychotherapy, counseling, behavior therapy, or organizational development? In terms of the triadic model, they do not. In the analysis provided by this simple model, there are only two structural forms of human services—direct (training) and mediated (consultation). And we already have established that the means of influence are identical for each mode. I believe there are advantages in accepting this radical analysis and bringing all the helping services under the rubrics *training* or *consultation*. Psychotherapy and counseling are forms of training as are behavior therapies such as desensitization and assertive training. Some forms of behavior modification are consultation and so are most forms of organizational development. If we bear in mind the dyad-triad analysis, we will be guided toward the appropriate source of evaluation data, and our social contracts will be clarified. All we have lost are the comfortable terms that deceive us into believing that means of influence differ when they do not.

Consultation in the Complex Social Environment

The consultant-mediator-target triad does not exist in isolation. Each triad is embedded in an endless chain of influence and in an interacting network of communication. (Dollar and Klinger provide an excellent example of complex organization analysis in which the basic triads are discernible.)

> . . . the triadic model offers guidance to intervention in the problems of institutions, as well as to those of individuals. For example, a "target" may be considered an entire class of students, an entire hospital ward (as in token economies), or indeed as any unit of a complex organization of whatever size: . . . In such instances, a consultant to an institution would be guided by the triadic analysis to attend directly, not to the target(s), but to the mediator units (nursing staff, second-level supervisors, Board of Directors, etc.). The Sources of [Influence] may be grouped as described above, and the same considerations applied to their management. Indeed, the consultation of any complex social environment will require interpenetration of the individual target analysis with modification at the institutional level. . . . (Tharp & Wetzel, p. 59)

But moving to a systems-level analysis does not mean that we should abandon the triad as the basic unit of concern. Organizations are composed of positions which are occupied by people, and it is people who influence one another. Even when positions are grouped for analysis (teachers, nurses) we must be sure that they indeed are subject to common sources of influence, and that individual variations are considered.

To facilitate this complex analysis, Wetzel and I (Tharp & Wetzel, 1969) offered an elaborated diagram that schematically places the consulting triad in the social environment. That diagram, with one major revision, is reprinted here (Fig. 2).

The diagram is not so formidable as it first appears, if we consider one element at a time. For instance, the top row of boxes, labeled "Others," merely refers to those individuals who influence the triad but are not under the direct influence of consultant or mediator. These *indirect* lines of influence are labeled "2" whereas direct influence is labeled "1."

As a consulting case is planned, one must select those individuals who will serve in the direct line of influence as mediators. This selection is always made from a larger available pool; only one of a target child's five teachers may be chosen as mediator. But this choice does not mean that the influence of the other four teachers will cease. These "others" will continue to affect both the target and the chosen media-

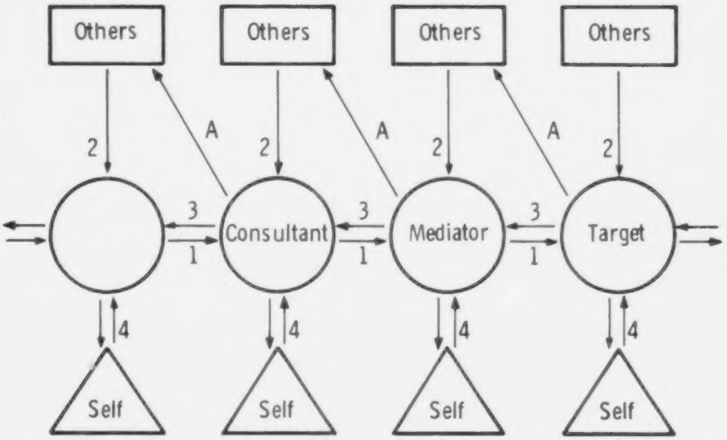

Figure 2. The consultative triad embedded in the social environment. Adapted from R. G. Tharp & R. Wetzel, *Behavior modification in the natural environment*. N. Y.: Academic Press, 1969, p. 58, Fig. 7.

tor whether the consultant programs them into the intervention. This *indirect* influence must be anticipated and calculated before the intervention program is made final. In a way, the intervention plan can be seen as a tipping of the delicate balances in the complex environment. Changed target behavior will result in changed reactions by others to both the mediator and target. These changed reactions may well be more powerful in their effects than the direct influence of the mediator.

Deno's case illustrates this complexity nicely, since Deno has provided such a clear and lucid report of a difficult case. Although the consultant worked carefully to build rapport and intensify his available influence over the teacher-mediator, it appears that an "other" source (the social worker) had even more impact on the mediator. In this case, the "other" worked at cross-purposes to the consultant, and finally succeeded in having the teacher "terminate" the consulting contract.

Even when a complete study has been conducted prior to intervention, we sometimes incorrectly anticipate some reactions and must return to the drawing board. But when these predictions are available, the triadic model offers some procedural guidance. When some "other" person can be expected to influence either mediators or target strongly and negatively with respect to the contract goal, the consultant should either (a) incorporate that person as an additional mediator or (b) influence him directly in a training pattern.

In Deno's case, the second alternative might have been preferable, since the social worker had no continuing, direct, natural relationship with Brad. Perhaps the consultant could have influenced the social worker to endorse the program, using the training means of cognitive reorganization and reinforcement; or perhaps not: All cases are not solvable. But at the very least, the triadic model can identify problematic points in the social organization.

To return to Figure 2, those influence lines labeled "A" are included to point out that *members of the triad also influence others*, perhaps not directly as a part of the intervention program, but as an inevitable fallout of changing behaviors. A child's improvement may so impress the principal that he praises the mediating teachers, thus strengthening the intervention behaviors by a feedback-reinforcement loop (seen in Fig. 2 as A—2—1). In my own work, I have seen a disruptive child's improvement have such a felicitous effect on his classmates (whose counter-aggression stopped, allowing them to get to work) that the teachers were influenced to continue the program, even though they had some question about the ultimate value to the target himself. This effect can often be anticipated; whenever possible, the intervention should be designed to compound its own effects through the feedback loop A—2—1.

Another feedback loop is present in Fig. 2 which requires discussion: the 1—3 loop. In the first part of this paper, the discussion centered on the #1 lines—direct influence from consultant to mediator and from mediator to target. But we also know that any social relationship is a reciprocal one; target will influence mediator and mediator will influence consultant (lines labeled "3").

For this reason, the consultant tries to begin a case with a goal for the target which is endorsed by the mediator; target change will reinforce the mediator's acts of intervention. There is another reason to begin with a goal which can be reached quickly, even if it is not the central issue for the target; the success will be reinforcing to the mediator, and the mediator's change will be reinforcing to the consultant.

The 1—3 loop has been fully discussed in the original presentation (Tharp & Wetzel, 1969), and the interested reader can pursue the topic there. I will confine the present discussion to one aspect of the topic: the sources of influence on the consultant.

Sources of Influence on the Consultant

Others influence the consultant. A host principal may be pleased or displeased by his observations of the teachers' mediating behaviors and make his opinions known. Middle-management may bring pressure, positive or negative, on the consultant as a result of the teacher's mediating behaviors or as a result of target changes.

The *mediator(s)* influence the consultant through reinforcing or disappointing, by their change or lack of it. But we should be aware that this influencing is not restricted to consultation-relevant issues. If we design unwisely or incompletely, management may attempt to punish us regardless of encouraging data. Consultants may often develop wide ranging or personal relationships with mediators; this development is not necessarily undesirable, but it will introduce contingencies into the system which may becloud consultation influence. Consultants run the danger of being absorbed by the system in which they operate; that is to say, they can become subject to the same influence system which has created the problem in the first place.

I think this particular danger arises when the consultant resides in the host institution, as in Egner and Lates's case of the consulting teacher. Such problems may be mitigated by periodically rotating consultants to break powerful system influences, but this advantage must be weighed against the cost of rapport rebuilding.

The issue can be handled in another way: through supervision. It is for this reason that the empty circle on the far left of Figure 2 appears. Consultants are ordinarily subject to this third source of influence, which should be understood as a direct source and one that is consultation-relevant. This role is usually held by supervisors and/or administrative superiors, such as those built into the programs described by Deno and Dollar and Klinger. (I understand from a personal communication from Egner and Lates that the Vermont program often does work in this way, with an external consultant available to the consulting teacher.) The circle may also be representative of a consultant to the consultant.

Consultants do not often, but absolutely should, attend closely to this empty circle. Because if the consultant is to design a viable program, the sources of influence upon himself or herself must be organized as carefully as any other segment of the consultation. *The consultant should secure for himself some direct, consultation-supporting source of influence, either within the system or outside of it.*

This principle leads to the fourth question raised earlier: Must the in-house consultant work differently from the external consultant? Yes and no. Sources of influence are identical and means of influence are identical, although often a different mix will be chosen when the consultant has direct authority over the mediator. But the difference is most likely to be felt at the point of the supervisory circle, although not always. Some line authorities of in-house consultants are knowledgeable and supportive supervisors. More often, perhaps, the psychologist reports to an administrator who wants results but is not a trained consultant. In such an instance, the consultant may feel surrounded by the system and may indeed run a real risk of effective contra-consultation influence.

What other sources are available in such an instance? (a) The self-source, which is discussed in the following section; (b) the data; and (c) a friend.

Professionals in every field find the need for a colleague with whom they can discuss problems and who will provide personal support and a shoring-up of shared values. Behaviorists like to have a colleague to whom they can present data for criticism and differential reinforcement and perhaps for modeling. If such a relationship is not available to the in-house consultant, one should be found outside. We can look to our friends or, if none is suitable, hire our own consultants.

I may be overemphasizing this topic because it is neglected, but I do not think so. In our original report, Wetzel and I wrote that the mediators reinforced the targets, the consultants reinforced the mediators, and we (the supervisors) reinforced the consultants. But what reinforced *us*? The data, we said. That is true—the successful program was most gratifying. But, it seems to me in retrospect to be an incomplete analysis.

In Houston, what supports Dollar and Klinger as they attempt a massive change of that institution which merely because of its size must be ponderous, resistant, and—in some of its parts—openly hostile? I suspect that for them, just as for Tharp and Wetzel, the most powerful source of influence is each other. The empty circle in Figure 2 needs to be filled; filling it wisely is a crucial part of effective consultation.

The Self as a Source of Influence

Figure 2 presents one additional revision to the triadic model which needs a bit of discussion: the bottom row of influence sources labeled "self." In natural events, the self is often its own source of influence, and behavior modification is developing a technology for self-direction. Like many other clinical and research workers, Wetzel and I were aware of self-control processes, such as selective imitation, self-congratulation or self-scolding, comparison of achievement with internal standards, and the obvious effects of values on the performances of mediators and targets. But we decided not to include the self as a particular source of influence, because there had not yet developed an adequate data base or analytic scheme for these phenomena.

That situation has changed. The area of self-directed behavior is today one of psychology's liveliest fields. We know now that children can record their own goal-related behaviors, establish their own contingencies, and administer their own reinforcers. As an entree to this field, the reader might look at the work of Stephen Johnson at the University of Oregon. In the area of personal counseling or therapy, self-administered *imaginal* reward and punishment has shown very promising results in the work of Cautela at the University of Massachusetts, Jack Annon at the University of Hawaii, and many others. I have spent the last five years in this area of research, and I have presented a theoretical scheme and operational guidelines for mobilizing the means of influence in self-directed change strategies (Watson & Tharp, 1972). For example, we now know how consultants and mediators can arrange their own goal setting, record their own behaviors, set shaping steps, seek models when necessary, break up stimulus control chains, administer self-reinforcement, and program for generalization.

What has not yet been accomplished is to incorporate this self-source into complex consultation and training operations in the full social environment. I hope that this revised triadic model will offer some guidance for that enterprise. Of course, the self-source has always been implicit in triadic operations. The mediator who collects data on her (his) own behavior is not just performing an isolated piece of mechanics but is also building the feedback loop labeled "4" (Fig. 2) and using this information for self-correction and self-reinforcement. Many consultants have discovered that self-recording by targets may be beneficial in the same way. And, as suggested, the full range of self-directed strategies may be of particular benefit to the consultant who has limited desirable sources of influence available.

An important point to remember is that the self-source is always operative, whether the consultant chooses to take account of it. For example, when information is compared to a standard, feedback effects will occur. In this way, behaviors are compared to values; thus values held by mediators and targets will affect the outcome of interventions. To accurately design an intervention, the consultant will need data on values (self-held standards), and will need to anticipate the interactive effects of these standards with the chosen behavioral goals.

Retrospect and Prospect

Emergent research data of the last decade has suggested expanding the triadic model in two ways: to include an additional *source* of influence (the self); and to include an expanded list of *means* of influence. The triadic model has been fortunate to find itself useful to many fine programs—notably, those included in this volume. It is the experience and data of such programs which have allowed finer distinctions of analysis in such issues as training and the social contract. If the triadic model serves as such a stimulant in the decade to come, it will have had a happy life indeed.

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Discussion

Question: Dr. Tharp, can you clarify once more the difference between your ultimate measure of consultation and training? For example, if you were in the consulting circle working with the mediators, would your ultimate measure be the kids' behaviors rather than the end of the teacher training process?

Tharp: We would take different measures. We would measure the behavior of the teacher as well as the behavior of the child. In a sense, they would be the measure of the effectiveness of the initial consulting or training contract. If we did not find the predicted relation between the teacher's behavior and the eventual student behavior, then that would be a damning outcome of consultation or training.

Question: Can you look at the measures of the teachers' behaviors as only intermediary measures that tell you what you are going to get when the kids come in?

Tharp: That's the whole difficulty in training. You can train teachers to do jillions of things most of which would probably be useless as far as the child is concerned.

Comment: But if you already have some research that says that if teachers do A, B, C, and D, the best prediction is that there will be a difference in students, then you can measure the degree to which those teachers perform A, B, C, and D.

Tharp: That's right. For me, that's the guideline to choose between a consultative and training operation. If we know what's going to help—if we really know that if teachers do X, it will have the desired effect on one child—why don't we train the teachers? Why go through the consultation processes? I may not be so confident as you of the breadth of knowledge in which we can have that kind of confidence. Perhaps because right now we are having such an awful time trying to find out what does help, we can have confidence in virtually nothing.

Comment: It may be that to tell the difference between consultation and training you have to wait until the whole process is over. For instance, if you get mediator change and no target change then you have been engaging in training. It may not be very effective, but you have demonstrated a change in the teacher's behavior, so you have trained the teacher. If you get mediator change and a target change, you have consultation. You may find that the processes used to get both mediator and target change are quite different.

Tharp: That's possible. One would certainly want to examine those data with extreme care. If the model couldn't do anything more for me than that, I think I would certainly begin to look for a new model. What I want the model to do is to give me some guidance about whom I'm writing a contract with and whom my responsibilities are to and what particular acts I should perform. It may be that the consultation-training distinction will not remain useful during our research, which will be fine with me. I am really interested in poking around in that sensitive area to see what constructs will have the greatest utility.

Question: Does your "content of the process" relate at all to the difference between training and consultation?

Tharp: No, but I do thank you for reminding me of it. As I mentioned, I think that there is no such thing as a content-free process. The idea does not hold water. What we all do is attempt those behavior changes on the mediator which, if they were applied to the target, would, we assume, bring about the change most advantageously. If we operate in any way that we think is not effective to change behavior, we are being false to ourselves and others. If, indeed, we operate consistently, as I think we probably all do, then the process is the content; and one marvels that one is demonstrating all of the time that learning the process is as important as content itself.

Comment: The trouble with a clear model is that it is easy to criticize and to pick up its errors. The question is whether the distinction between training and consultation is important. In your model there will always be indirect and direct influence. (**Tharp:** Yes, always.) We talk some in our school programs about the difference between providing service directly to children and indirectly to children through teachers. Would that distinction still hold up in your model? (**Tharp:** Very much so.)

Tharp: In the standard operating formula, I'm considered a consultant and the teacher is the primary mediator. But there are also other people out there acting on the target child: his peers and parents, for example.

Comment: Well, the reason I brought up the question is that at times our resource teachers act to influence children directly—our particular set does—and at other times they act to influence children indirectly, that is, to work through classroom teachers. Whether they are engaged in training or consultation may be irrelevant but the distinction may have some value.

Tharp: The distinction continues to have value most of the time. I think it does make a difference in the way we draw the contract and how we differentiate responsibilities. You clarify your role to other people. However, there is a point at which the difference between the two narrows almost to disappearance.

I want to emphasize one last point. If you lay the consultation grid over reality, it sometimes will point something out to you. I think that laying the grid over the Vermont model, for example, would illustrate that you need somebody to provide an additional source of influence on the consultant to maintain her behavior. I would suggest, perhaps presumptuously, that in the Houston model, the reinforcement that Dollar and Klinger provide each other is a very critical feature in maintaining their behaviors, something we usually do not talk about in consultation work. Ultimately, even, the reinforcement may be what holds a lot of things together. Our model can alert one to the fact that if we are going to be working in foreign institutions we very much need the support of one another and that support can and should be part of the program.

A Systematic Eclectic Approach to Consultation

The field of psychological help giving has been plagued somewhat in the past by fads and panaceas. Each major theorist has made valid claims for the effectiveness of his system, but each has run into difficulty when he attempted to claim it as the *system. Gradually, laboratory psychology has established the efficacy of processes and agents that parallel those claimed by major clinic-based theories of change. Blocher and Tharp refer to these processes and agents as "sources of gain" and "sources of influence," respectively. Blocher's contribution to the conference was to systematize these sources of gain for use at the appropriate time in selecting a problem focus, initiating change, and building the necessary supports to maintain the established change.*

The Tharp, Blocher, and Brokes papers provide an interrelated examination of the consultation process. Tharp defines the major participants in any consultation net; Blocher provides a schema of the major steps that must be followed, their sequencing, and the appropriate sources of influence to use in establishing the desired changes; and Brokes takes each step (using his particular analysis and nomenclature) to show the detail with which it must be carried to conclusion. Thus, in the three papers, one can move from the general to the specific in understanding the procedures of consultation.

A Systematic Eclectic Approach to Consultation

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Two streams of influence, one defining a more dynamic and central role for psychological specialists and the other emphasizing the need for basic social, organizational, and educational change, have combined to create a major interest in and demand for consultation services in schools and community.

Psychological specialists in the schools (e.g., school psychologists, guidance counselors, and social workers) are changing the essential concept of their role. From an ancillary position outside the mainstream of educational activity, they are moving to active involvement in improving the quality of learning environments in home, school, and community (Alderson, 1971; Bardon, 1968; Danskin, Kennedy, & Friesen, 1965; McCully, 1965; Shoben, 1962; Wrenn, 1962). The result has been the emergence of ecologically based roles for mental health or student personnel workers in both school and community (Blocher, 1974b; Kelly, 1966; Lehmann, 1971; Hobbs, 1966). Paralleling this change in role concept has been an emerging interest in a loosely defined field which Bennis (1969) has termed "organizational development"; it incorporates the study of the effects of group dynamics, communication patterns, and relationship networks upon group problem solving and organizational effectiveness and change.

Attention to the processes of educational change and organizational development in the schools also has been stimulated by the mounting public criticism of schooling and accumulating evidence that the consequences of schooling are negative for many children (Blocher, Dustin, & Dugan, 1971; Watson, 1967). Increasingly, the professional armamentaria of counselors, school psychologists, social workers, and special education teachers or supervisors are viewed as incomplete unless they contain techniques for effective consultation with teachers and parents about the problems of individual students, in particular, and the quality of learning environments in classroom, school, and community, in general (Dinkmeyer & Carlson, 1973).

Theoretical Bases for Consultation Processes

As consultation has become a major mode of intervention for psychological workers in school and community, a number of serious shortcomings in the theoretical underpinnings of professional psychological practice have been highlighted. Tharp and Wetzel (1969) pointed out that psychological theory traditionally has sought the sources of human problems deep within individual personality and ascribed causal properties to sets of hypothetical constructs which were mere social inventions. Environmental factors possessing demonstrable influences over significant aspects of human behavior have tended to be minimized or ignored entirely in favor of more prestigious attempts to manipulate presumed processes within the individual psyche.

On the grounds that psychology merely has added to the mythology of individual weakness, turpitude, societal omniscience, and rectitude, which has enslaved and oppressed people for centuries, Caplan and Nelson (1973) questioned the total utility of the professional psychological enterprise for human betterment. Sharma (1970), in fact, made the case that the entire field of psychopathology, with its elaborate labels and diagnostic constructs, is rooted in the need to control those persons who deviate from the demands of the prevailing social order.

The preparation of most professional psychological workers has been steeped in traditional personality theories and their intervention corollaries of individual psychotherapeutic treatments. Despite impressive attention in the recent literature to ecological and environmental approaches (Banning & Kaiser, 1974; Barker, 1963; Drew, 1971; Gerst & Moos, 1972; Insel & Moos, 1974; Kaplan, 1972; Kaufman, 1971; Wohlwill, 1970), most professional psychological practice continues to be held in the grip of traditional personality theory and dogma. New models for psychological practice are needed desperately. Calls for change in professional practice models have been sounded by many writers (Albee, 1970; Berdie, 1972; Blocher, Dustin, & Dugan, 1971; Carkhuff, 1972; Cook, 1971; Jarvis & Nelson, 1966; Roe, 1970; Smith & Hobbs, 1966). Similar appeals for the re-evaluation of professional preparation have been frequently expressed but seldom heeded (Gordon, 1965; Kelly, 1971; Krumboltz, 1967; Rieff, 1966; Thoreson, Krauskopf, McAleer, & Wenger, 1972).

Need for New Models

A careful perusal of the cited literature in the previous section leads to the conclusion that new theoretical formulations, research designs, delivery systems, and preparation patterns are urgently needed if professional psychologists are to respond to the mounting needs of schools and communities. Clearly, several characteristics are essential to these new approaches. (a) They must attend to the causes of behavior that reside in the social and physical environments as well as in individual learning histories and genetic endowments. (b) They must support and improve upon multiple intervention strategies, such as individual *counseling and therapy*; *group work*, including laboratory learning; *consultation* with a variety of "mediators"; *training* with a variety of lay and subprofessional groups; and *organizational development* with a variety of social organizations in school and community.

Such approaches to theory building, research, preparation, and delivery also rather clearly will need to be *systematic* and *eclectic*. The complexity of intervention problems, such as those represented in organizational development and laboratory-learning situations, demands that theoretical formulations be precise and clear. The language afforded by general systems theory has been used very successfully in planning and monitoring a variety of very complex human enterprises. It also can be used successfully in psychologically oriented human enterprises (Blocher, Dustin & Dugan, 1971; Thoreson, 1968). If intervention approaches are to be powerful enough to help the full range of people living in our society with all their concerns and problems, intervention strategies must incorporate all of our hard-won knowledge about human growth and behavior change.

Unfortunately, the development of psychological theory has diverged from rather than converged with applied psychology. Proliferation and parochialism have been the rule. Systematic attempts seldom have been made to harness the knowledge gained from competing approaches into more powerful multiple gain strategies.

Limitations of Traditional Approaches

Rather impressive bodies of evidence support the position that no single psychological theory or approach can make a reasonable claim to be a panacea. After a monumental review of the literature of psychotherapy and behavior change, Bergin (1971) concluded that significant questions must be couched in very finite and specific terms, such as, what interventions in the hands of which helpers will produce what results for what clients with which problems?

Treatment effectiveness, then, for most psychological problems, depends upon at least six factors:

1. Method of intervention.
2. Characteristics of helper.
3. Characteristics of client.

4. Nature of presenting concern.
5. Nature of behavior change desired.
6. Nature of the general social context or situation in which treatment is applied.

These factors obviously interact in very complex ways to determine outcomes. It appears less than reasonable in the light of this knowledge to continue to operate with traditional and outmoded treatment programs that have built-in limitations on all six factors.

Sources of Gain

Psychological research has amassed impressive evidence to support the effectiveness of at least six separate "sources of gain" to effect psychological growth and behavior change. Each is described briefly and documented.

Relationship Conditions

As a result of nearly 30 years of empirical research, a massive array of evidence has been gathered to support the position that a number of conditions or factors within social relationships significantly affect human growth and learning. These relationship conditions, usually described under the rubrics of "non-possessive warmth," "unconditional positive regard," "accurate empathy" and "congruence," have been studied in a wide variety of therapeutic and other learning situations. (See Rogers, 1967, and Truax & Mitchell, 1971, for reviews of the research.)

Communication Processes

A considerable body of evidence supports the position that effective human problem solving in group situations is a function of the communications patterns that exist among group members. The research has considerable relevance for consultation because even a one-to-one therapeutic situation is, in effect, a group situation and most psychological problems involve one or more groups like family, peers, classrooms, or fellow workers (Cartwright, 1951). Basically, Cartwright pointed out that changes in attitudes, behavior, and effective problem solving are functions of high group cohesiveness, clear and relevant group norms, shared participation in problem-solving activities, and full and accurate exchange of relevant information. Similar literature has been reviewed by Homans (1958) and Schein (1960). Extensions of these findings into the field of family therapy have been elucidated by Haley (1963), Satir (1967), and Watzlawick, Beavin, and Jackson (1967).

Public Commitment

Another source of gain for which evidence has long existed is public commitment. Briefly, the probability of change in attitudes and behavior is increased when explicit public commitment to that change is obtained through a direct and open negotiation process (Allen, 1965). The use of various power bases by counselors or therapists to secure commitment was discussed by Strong (1968). (For a recent review of much of the literature on the topic, see Johnson & Matross, in press.)

Cognitive Change

Most traditional approaches to behavior change have centered primarily on cognitive change processes. The classic paradigm has been that cognition or insight leads to control of behavior. The literature of psychoanalysis is, of course, the major area of exposition for this view. George Kelly (1963), however, constructed a powerful approach to behavior change that is not psychoanalytic, and Albert Ellis (1958) and Jerome Frank (1961) described very comprehensive cognitive approaches to behavior change which are based on direct persuasion and didactic intervention. (For an excellent review of cognitive change approaches see Levy, 1963.)

Social Modeling

Vicarious learning through observation of social models is another source of gain which has been demonstrated to have powerful effects on human growth and learning. Basically, the evidence shows that when a human subject observes a moderately similar model who is high in status perform a complex behavior and receive a reward for that performance, the observer is encouraged to acquire the same behavior. The literature on social modeling and its applications to treatment was comprehensively reviewed by Bandura (1971).

Operant Shaping

The shaping of behavior through the reinforcement of progressively more satisfactory responses is, of course, the basic Skinnerian paradigm. Extensive research with human subjects in a very wide range of learning situations has been based on this model. Essentially, the model consists of stimulus-discrimination learning and reinforcement contingencies. The technology of behavior modification is described in a variety of publications. Krasner (1971) has provided an excellent review of clinical applications of behavior modification and

Madsen and Madsen (1970) and Tharp and Wetzel (1969) have described some applications of the model to education.

Systematic Eclectic Models

The six basic sources of gain (relationship conditions, communication patterns, public commitment and role taking, cognitive learning, social modeling, and operant shaping) represent essential components in intervention strategies. They must be fully and appropriately used if human services are to provide for the full array of individual and social needs with which we are confronted. We do not need another set of shamans or prophets nor more competing camps of devotees preaching on panaceas, but hard-nosed empirically oriented attempts to combine and apply basic, demonstrably effective sources of gain that cover the full range of human concerns and problems. Such systematic eclectic models must be based upon several considerations:

1. They must be flexible enough to operate successfully within a variety of treatment modes including (a) individual counseling and psychotherapy, (b) group counseling, (c) consultation, (d) training, and (e) organizational development.
2. The models must be applicable to the full scope of human learning and behavior-change activities. Essentially they must produce changes in the acquisition, retention, transfer, and maintenance of a wide range of complex human behaviors, attitudes, and cognitive structures.
3. The models must be rooted in realistic approaches to the nature and source of behavioral determinants. Behavior is the product of three sets of determinants: (a) the organism's basic genetic structure or endowment, (b) the organism's past learning history, and (c) the immediate stimulus situation or environment as it is experienced by the organism.

The first two sets of considerations may be interesting and informative to examine for any given individual or situation. In the last analysis, however, *all* attempts to help any human being of necessity must focus on the third set, that is, on changing the environment.

A prototype of the proposed systematic eclectic model which can be applied to the full range of treatment modes without major alteration has been designed by Blocher (1974a) and Blocher and Rapoza (1972). It deals with problems of transfer and maintenance as well as acquisition of behavior, and it employs all of the six major sources of gain which were described in the preceding section. A basic assumption of the model is that the helper understands himself, his values, and the needs and values of his target system before he attempts active intervention. The model is presented in the form of a flow chart in Figure 1.

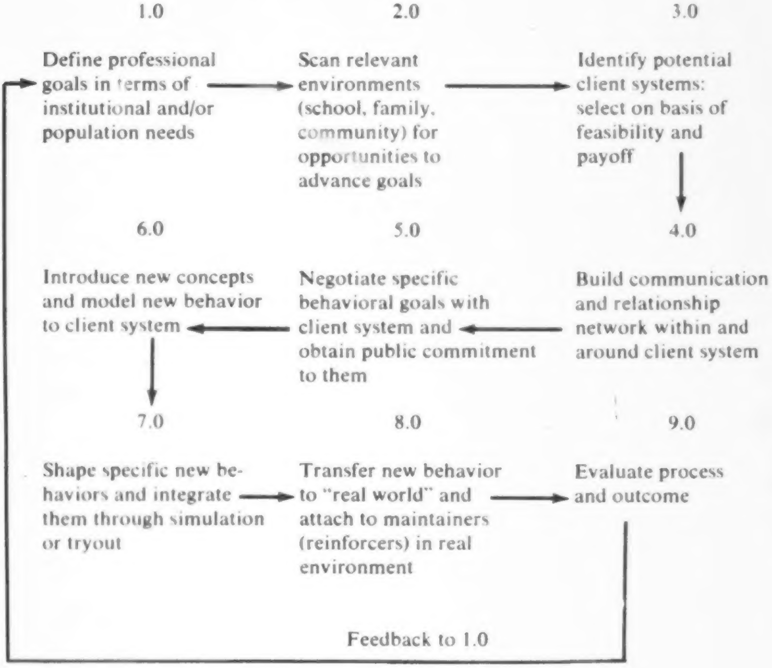
1.0
Define professional goals in terms of institutional and/or population needs
2.0
Scan relevant environments (school, family, community) for opportunities to advance goals
3.0
Identify potential client systems: select on basis of feasibility and payoff
4.0
Build communication and relationship network within and around client system
5.0
Negotiate specific behavioral goals with client system and obtain public commitment to them
6.0
Introduce new concepts and model new behavior to client system
7.0
Shape specific new behaviors and integrate them through simulation or tryout
8.0
Transfer new behavior to "real world" and attach to maintainers (reinforcers) in real environment
9.0
Evaluate process and outcome
Feedback to 1.0

Figure 1. Facilitating change in human systems.

Step One

Step one of the model requires the definition of general intervention goals on the basis of an assessment of population or institutional needs. The basic processes of goal definition and need assessment require some explanation because of the confusion that often surrounds them. Essentially, a goal is a statement of some desired state of affairs. Needs cannot be assessed in the absence of either goal statements or assessment procedures that identify the existing situation in relation to the desired state of affairs. A need, then, is a measured discrepancy between a desired situation (goal) and an existing situation; that is, it represents a gap between an "is" and an "ought to be." An objective is a point on a need discrepancy line that represents goal-directed movement. Thus, the first step in the systematic eclectic model is the identification of need-discrepancy lines along which objectives may be charted.

Cook (1971) very clearly described the goal and need identification process in educational systems. His example is outlined here for the purpose of describing his process and not to espouse its content.

Cook began with a very global and general goal statement: *The goal of education is to facilitate the development of full humanness in the context of the post-modern world.* From this high level of abstraction, he moved to greater concreteness and specificity in his second level: *The goal of guidance is to bring off the humanization of education in the post-modern world.* The goal—guidance—has now been defined in terms of a specific, but still abstract, set of activities.

Still greater specificity is introduced at the next level. Eight goal statements defining the meaning of humanness are cited. The following one of the eight suffices for our process oriented example: *Education should prepare persons to commit themselves to the public welfare and to devote themselves to public service.* At a more specific level, the goal statement becomes: *Guidance should assist persons to develop the capacity to be as concerned about others as about the self.* Still another level of goal specificity is needed which can be stated as follows: *Given a 13-year span of education, pupils in this district will demonstrate an increasingly active participation in both in-school and out-of-school service activities such that by completion of high school every student will have at least one substantive service involvement noted in his record.*

We have finally reached a level of goal statement that allows us to assess needs within a given population or institution. The needs survey could start with the question, how often do young people in the school or community participate in public service activities? The question requires a definition of the classes of behavior that would be deemed "public service activities" and a survey of the people involved. Assessment might reveal, for example, that only 10 percent of the graduates surveyed had engaged in public service activities. Thus, we can now make a goal discrepancy or need statement: An objective is to increase the extent of involvement in public service activities to 80 percent of the graduating population.

The process used as an example may be more complex and cumbersome than is necessary in most situations. It illustrates, however, that general global philosophical commitments must be both defined and refined before they can guide interventions and provide a basis for their evaluation.

Step Two

Step two of the systematic eclectic model represents a proactive posture in which the helper actively scans the relevant environments for opportunities to advance goals or meet objectives. The scanning operation is essentially a data-gathering phase of the general problem-solving process. It may involve a set of formal as well as informal assessment procedures and observations. A basic assumption in this step is that *the way to begin to help any human system is to listen to it and to help it to listen to itself.*

Step Three

Step three centers on the identification of potential client systems. In a sense, this step requires that a decision be made on the mode of intervention to be used. The decision is based on the careful definition of desired outcome (Step one) and system characteristics (Step two). The type of intervention selected can be individual counseling, group work consultation, training, organizational development, or some combination thereof.

Obviously, the makeup of the overall client system will vary with the choices. If, for example, the best intervention would be to work indirectly with a group of significantly interrelated people, as within a family or classroom, a consultation mode based upon the triadic system of consultant, mediator (parent or teacher), and child might be employed. Another situation might present an opportunity to use training procedures, while still another might allow an organizational development form of intervention to change basic institutional structures within school or community. The exact configuration of the client system and the intervention mode or strategy finally selected are consciously determined by the professional on the basis of feasibility and payoff in relation to goals, needs, and objectives.

Step Four

Step four in the systematic eclectic model employs the first basic source of gain: the establishment of a communications network that will develop cohesion within and around the client system, support relevant norms and expectations within the system, and allow for the exchange of accurate and unambiguous information to facilitate problem solving. The facilitation of communication generally involves broadening the band width of channels within and around the client system to carry a wider range of messages, particularly those that express strong or negative feelings. It may also involve facilitating two-way communication in situations in which certain kinds of messages can be moved only in one direction, as, for example, within an age, status, or authority hierarchy.

Step four also employs the basic source of gain involved in relationship conditions. It builds upon the basic communication channels and networks established earlier to create a relationship system characterized by empathy, trust, mutual honesty, and concern. As these conditions develop, the support that they provide allows client systems to open to new learning, take risks, and manage stress factors that are associated with new learning.

Step Five

Step five involves a negotiation of very specific objectives with the client system. It allows the helper to re-tune the objectives in the light of new data collected from experience with the needs of the client system. Step five also uses the source of gain represented by public commitment to a specific set of outcomes. It is usually accomplished in direct explicit negotiations and results in a "contract" in which the desired outcomes are stated in as specific and behavioral terms as possible and the commitments and responsibilities of all system members are clearly defined.

Step Six

At Step six, the source of gain represented by cognitive learning principles is introduced. Several possible cognitive elements are involved. New information may be presented about the task or problem represented in the contract. For example, a consultant working with a group of teachers may introduce information about principles of learning or motivation, or he may provide data on particular students. However, Step six also may focus on data about members of the system or their interactions. For example, an interpretation of a member's behavior or feedback on the impact of that behavior on others may be given. Data about group process or the "here and now" interaction among members may be stressed.

A third aspect of the cognitive learning stage may involve actual attempts to change the cognitive structures of members. The attempts may involve changing concepts, what Kelly (1971) called "personal constructs," or it may take the form of moving clients to higher levels of cognitive or moral development in the context of what was termed deliberate psychological education by Sprinthall and Erickson (1974).

Along with new informational and conceptual inputs, modeling is provided in this step of the model. The professional helper makes every effort to model faithfully the behaviors that he is attempting to induce in the client system. His own behavior in facilitating communication and interaction among members serves to model human relations skills and attitudes. Other models may also be used in a direct didactic way. A basic principle is that new complex learnings usually are presented as concepts and with direct models, to give learners an opportunity to reflect upon and integrate the two processes.

Step Seven

Step seven represents the middle phase of the whole-part-whole learning sequence begun in Step six. Attention is given to careful shaping of new behavior through successive approximations, using reinforcement principles as a source of gain. Step seven also focuses on engendering a high degree of awareness in the client system of the precise behaviors they are emitting at a given time. It is extremely important that (a) the steps between successive approximations not be so great that clients are "lost" along the way, and (b) schedules of reinforcement are such that new behavior is not extinguished once it is achieved.

An example of this phase within a consultation context might be helping a teacher move from a punishing to a positively reinforcing method of dealing with acting-out or attention-seeking children. Even after concepts of positive reinforcement of desirable behavior have been explained or modeled, it is often necessary to monitor carefully the teacher's responses or train the teacher to respond appropriately. As the ratio of appropriate to inappropriate responses gradually increases, the teacher is continuously encouraged and supported by the consultant. This reinforcement may be reduced gradually as the teacher reaches and maintains target levels of responding.

The final phase of the whole-part-whole sequence involves the integration of new learning into an effective, individually styled, and comfortable response pattern. The setting in which this integration is accomplished is still safe or sheltered, that is, the setting is a simulation exercise or the new learning is presented with the special support of the communication and relationship network in the helping system. Opportunities are presented to discuss changes in behavior and to consider the personal or professional implications of these changes for the learner.

Step Eight

In Step eight, the transfer of the new learning to the "real world" is accomplished. Every effort is made to maintain the consultant relationship until transfer has been accomplished and factors are operating in the client real-world setting to maintain the new learning. Most intervention systems ignore this transfer phase but it is considered crucial in this model.

Careful attention is given to the learning of concepts, labels and discriminations to facilitate transfer. Significant others in the client's setting are enlisted to provide ongoing reinforcement. Supporting relationships developed in the helping system are encouraged to continue after intervention programs are formally terminated. Above all, persistent change is encouraged in the client and in significant others in his environment.

Step Nine

The final step, the evaluation of process and outcome, is described in flow chart form in Figure 2. If the goal-setting process in Step one and the final negotiation activity in Step five are properly implemented, evaluation becomes a relatively straightforward process that allows the feedback through which goals can be refined and modified

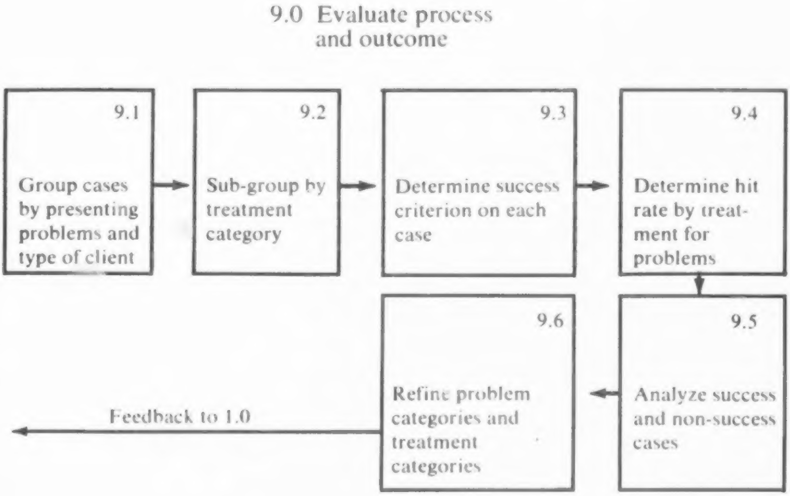
9.0 Evaluate process and outcome
9.1
Group cases by presenting problems and type of client
9.2
Sub-group by treatment category
9.3
Determine success criterion on each case
9.4
Determine hit rate by treatment for problems
9.5
Analyze success and non-success cases
9.6
Refine problem categories and treatment categories
Feedback to 1.0

Figure 2. Breakdown of evaluation procedures.

and treatments can be continuously and systematically strengthened. It also allows for the documentation of results to meet requirements from administrators for accountability in the use of resources.

Applicability

The systematic eclectic model has been described in some detail. It may seem complex and cumbersome. It is intended primarily as a cognitive map by which professionals can orient themselves in complex and difficult intervention situations and through which they can assess the degree to which they have employed fully all of the sources of gain available to them. The sequencing allows for recycling when problems of task difficulty or client resistance make immediate movement unwise or impossible. Fundamentally, the model assumes that appropriate communication and relationship patterns are essential base-level conditions for change and that conscious and informed client commitment is required. A whole-part-whole learning process is then initiated, using sources of gain from cognitive learning principles, social modeling theory, and operant shaping technologies. Integration, transfer, and maintenance of new behavior are carefully monitored.

The evaluation of process and outcome is a prime factor in a closed loop system that generates information designed to provide for continuous improvement. The system is capable of continuous modification because of the collected empirical data that are relevant to the six kinds of factors known to effect intervention outcomes. Decisions regarding modes of treatment, movement through the model, recycling, or optimal loadings for particular sources of gain can be made on the basis of data about client characteristics, helper skills, treatment modes, presenting concerns, desired outcomes, or situational variables.

The systematic eclectic model has several advantages which generally have been ignored in traditional therapeutic treatment programs:

1. It draws upon six sources of gain, each supported by an empirical knowledge base providing evidence of the effectiveness of treatment procedures in producing positive changes in human behavior. Further, these sources of gain can be harnessed in a cumulative fashion to provide increased power to the overall treatment.

2. The model specifies a sequencing of intervention procedures that provides the psychological worker with a comprehensive map within which to organize goal setting, assessment, treatment, and evaluation activities and to modify or recycle them on the basis of

information obtained in the course of the intervention process. In other words, continuous feedback is available with which to improve system performance.

3. The model applies to the full range of treatment modes. The same cognitive map can be used whether the treatment mode is one-to-one counseling or psychotherapy, group therapy or laboratory learning, training, or consultation or organizational development. Indeed, the model provides an opportunity for conscious decisions about the treatment mode and target population.

4. The model is self-correcting. It is a fully closed loop system that generates evidence of effectiveness for purposes of continuous system improvement and accountability.

5. The system attends to problems of transfer and maintenance of behavior acquired in treatment.

Specific Applications to Consultation

A general systematic eclectic model for facilitating change in human systems has been described. Although the model is applicable to a variety of intervention modes, it is particularly useful in consultation. Consultation has always been a relatively loosely defined process. Lippitt (1959) defined it in terms of five characteristics:

1. The consultation relationship is voluntary.
2. The relationship involves a professional help-giver and a help-needing or client system.
3. The consultant attempts to give help with a current or potential concern of the client system.
4. The relationship is temporary.
5. The consultant is an "outsider" who is not within the power hierarchy to which the client system belongs.

Such a definition is extremely broad. It does little to differentiate between consultation and other psychological processes such as psychotherapy or training. Similarly, it does not differentiate effectively between consultation and other processes which, commonly, are not considered to be psychologically oriented, such as the giving of legal opinions, financial advice, or expert help with problems of architectural design, interior decorating, or personal grooming or dress.

It appears useful to distinguish between "content" and "process" in consultation. Schein (1969) focused on the process aspects of consultation and defined the consultant primarily in terms of help giving with the psychological and social processes involved in group problem solving and decision making. In this context, the consultant may intervene in a very wide range of situations, including those that include particular content areas in which he has relatively little expertise. Implicit in this view of the consultant's role is the belief that all human problem-solving and decision-making processes have social psychological components which may require the services of the consultant. The concept of consultation to which this volume is addressed is probably closer to the process consultation model of Schein's than to the "expert advice" end of the continuum occupied by a lawyer or a banker.

The papers presented in this report deal, in general, with problem situations which are social and psychological in nature. Changing the teaching methods of classroom teachers to provide for more individualized instruction, altering the entire special services delivery structure in a large city school system, and attempting to change the goals and norms of a group of teachers, are all complex activities that deal with a set of social and psychological dynamics which are more complicated than those that may typically be found in simpler "advice-giving" usages of the term consultation.

The systematic eclectic model described in this paper views consultation as one intervention mode which may be employed in a broad human services context. It is viewed as being very similar in purpose and process to counseling, training, or organizational development. Indeed, the choice of treatment mode in this model follows in sequence the definition of goals, needs, and objectives and the initial scanning of environments. In this context, consultation is generally a complex form of psychological intervention in which the client systems are not always homogeneous. For example, a client system could be represented by a whole family encompassing several generations, or a classroom composed of teacher and students and possibly supervisors or parents. In some cases, members of the client system may have responsibilities for the welfare or development of others within or without the client system. Because of this level of complexity in roles, responsibilities, and the resulting motivations and resistances, a systematic model is particularly useful in mapping the intervention strategies and intervention domains.

If there is any area of general agreement in the literature of consultation, it is that consultants must proceed in *careful, planned* ways to generate data upon which to base strategies and decisions. They must attend to complex personal and social dynamics, and use knowledge about individual, group and organizational change processes in helping client systems to manage stresses, make decisions, and solve problems in effective and humane ways. The systematic eclectic model described here is, I hope, a prototype of consultation processes that will help to create and maintain learning environments in schools and communities to produce a generation of fully human beings, capable of mastering the tremendous challenges of the post-modern world.

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Discussion

Blocher: Are there any questions on the overall model?

Question: You imply that you don't move on until you've established each point. Do you really mean that?

Blocher: I try to make decisions based on data obtained from the consulting situation. The data tell me whether I am able to move on, need to re-cycle, or simply need to stay at a given point until I get more satisfactory data. For example, on the communications network. I want to get evidence of open two-way communication at both an instrumental and expressive level among members of a target or client system before I move on.

Question: When do you typically share the model with the client?

Blocher: Typically, I share the model in the negotiation process. All three of the first steps on the flow chart (Blocher, Fig. 1) are part of the negotiation process. We don't really begin to jell a relationship until later. I might stay in that negotiation process with a potential client for a considerable length of time before I'm ready to move, and particularly before either the client or I makes any commitment.

Question: How could you share step 3.0 of your Figure 1 with a client? Do you tell him, "I've looked the field over and I think you're okay" or what?

Blocher: Suppose a faculty or school wants me to do a lab with their faculty. I would meet with representatives of their administration and faculty. In the process, I've spent as many as five or six hours talking about who are we really involved with before the representatives have come to a conclusion.

So we define who the client systems are. Until they get defined I see myself in the tentative negotiation stage. Often, for example, to get a school faculty to bring students into a lab, you have to build some trust first. You get feelings of, "Gee, I wouldn't be comfortable. You mean you're going to have those kids coming to sit in as we talk about our feelings?" Before we get to a commitment like that, a considerable amount of relationship and communication conditions have to be established.

Parker: It may turn out that you are going to have a series of clients starting with one client system and then including others. Is that kind of strategy planned at step 3.0?

Blocher: That's right. In Carl Roger's model, for example, he talks about working with a group of administrators first, then with groups of teachers, groups of parents, and groups of kids. You could outline a whole strategy at that point and get a commitment down here at step 5.0: "Yes, that's the way we want to go and we'll go at it in a given time-line."

Question: Generally, how long do those first three steps take? What's the range?

Blocher: The range for me has been from less than an hour to at least three months, with maybe 10-14 hours of interaction with members of the system. I just can't give you a rule of thumb.

Question: It seems to me that in the Vermont system, steps 1.0, 2.0, and 3.0 are really helping school systems decide whether they want to go to a mainstream model. It has taken some school districts up to seven years to make the decision and other districts still haven't decided. Part of the process involves, I think, a teacher to help the system realize that it needs you.

Blocher: That's why I talk about that whole complex of services together. When you get into complex problems you have different roles. I hope I keep my roles straight. This model helps me do so to some extent. For example, upon failure to negotiate a specific goal, I could move back and become a kind of trainer or advisor to the system for a period of months or years, working through the first four cells (Blocher, Fig. 1). During that period of time I would conduct a lot of exploration and I would scan that environment a great deal. I also would do a lot of relationship and communication building. Yet I might not get to where we could get a contract; that step is a match of goals and needs that I and the system want to work with. You get a lot of this kind of thing in organizational development. You may work for months or years pulling parts of the community or the organization together enough so that you can do something with the whole organization.

Regarding the point Johnson raised in his paper about ignoring knotty problems and working in other areas, my model would help one to make some decisions. You might select a part of the organization and a target system that you can get some commitment from and work with it. As for the rest of that organization, you can operate over here under steps 3.0 and 4.0 for a while—maybe a long while—but you could incorporate those kinds of differences consciously into your planning through the model.

Question: Do you have some kind of help in deciding whether your perception of the situation is at fault or the hangups are real?

Blocher: Yes, I have some instruments that I use with groups. I tend now to use them in my head, but I give them to students for actually gathering some data. You can collect formal data on things like leadership and administrative styles. Then the organization may give you data. There are methods that you can use to analyze your group while you are in the negotiation process and figure out where they are and where you are with them. Every decision between every step of the model should be based on careful data coming out of observations which you are making about the process itself. Each step of the process should generate data that will allow you to make the decision about whether to move to the next step or to re-cycle.

Question: "Needing public commitment"—does that mean, for instance, something that a board of education or somebody says?

Blocher: It could be, or it could be a group of teachers. Commitment is as behavioral and specific as possible, and open and public. Those are its two elements. It is an "I will try to do this, to behave in this way" kind of statement.

Question: Do you want to talk for a minute on the relation between cells 5.0 and 9.0?

Blocher: Okay; 5.0 and 9.0 determine the way you have to go for your evaluation. You must have a set of general goals; they are defined in terms of needs. For example, I would say that one goal defined in terms of needs for both the Vermont and Texas projects is zero-rejection rates out of classrooms and acceptable performance on minimal educational objectives for all children in the classrooms. Now a need would involve an assessment of where those organizations are. Suppose you find that you have a rejection rate of 30% of the kids in a school, and 40% of the kids are not acquiring educational skills at a satisfactory level. That is your assessment of the need. You have, then, a need which is a discrepancy between the desired and observed state of affairs. Objectives can be placed along that line. An objective is a point on a need discrepancy line, as far as I am concerned, that tells you where you want to go. At one point, you probably would define the specific objectives for the given organization or client system and at another point you would put the meter on it and decide whether you did it or not, and you feed that information back. You may say it was very unrealistic of us to think we could establish the goal for 100% of the kids, that 80% is a much more realistic solution. So we shorten our need discrepancy line and go back at it again. Or you may meet all objectives and say, "That's it. We did it!"

Question: Do cells 6.0 and 7.0 and 8.0 qualify as training?

Blocher: I think they are steps in which consultation and training really come close together with a lot of overlap. Definitions that try to separate them become fairly arbitrary. In my experience, I find myself moving across the activities that I would call counseling, consulting, training, and organizational development very frequently. I think it is important that I keep my head on straight about where I am as nearly as I can in terms of the focus of the activity. I no longer think it is very useful for me to sort of draw a box and say, "Now, I can't do that because I am a counselor and that wouldn't be fair for a counselor to do." But it helps me, if I'm moving into a training sequence. Basically, I see cells 6.0, 7.0, and 8.0 as a whole-part-whole learning sequence which I design.

Question: Could you abstract for us an example of pure consultation?

Blocher: One of the foci of consultation for me is that considerable negotiation of basic goals is required initially. Both consultation and counseling are less likely to have ready-made goals built in than is training. It is more likely, if I am a trainer, that I will have a package and people will want the goals of that package. Okay? So another part is that consultations tend to be in temporary systems. We now have in the vocabulary the phrase, "the internal consultant," and that does damage to the notion. But, by and large, I consider consultation and counseling to be temporary systems whereas organizational development and training are likely to be natural systems that occur over a long period of time. I am more likely, if I am in the consultant role, to try to get into my systems some new groupings made up of people who may not have been in communication or may not have a natural pattern of reaction. If I am in that organizational development activity, I am more likely to be working with natural organizations that have a common history and pattern of interaction; that makes some differences on all the steps. Those are two distinctions which I make.

Comment: But even the internal consultant would not be in a line relationship; and he would hope that his alliance would be temporary.

Blocher: That's right. I put supervision in parenthesis in my list of human services because I believe that supervision is very similar to all these others. There is a difference in terms of the formal authority bestowed upon the individual. The more I work in organizational development the more I am convinced that this is a model of management or supervision about as much as it is a training, counseling, or consultation model, but you get a lot of arguments about that.

Question: When you use the term supervision, though, don't you pretty heavily condition the beginning relationship conditions?

Blocher: Yes, you have some effects here. My belief is still that an effective management model will generate open, two-way communication and relationships not vastly different from those characterized by warmth, empathy, and positive regard. At least that is possible in certain kinds of management situations, particularly in professional organizations in which the supervisors and managers are professionals who think about the desirability of a management model or supervision model that leans heavily on relationship and communication as sources of gain. Prior to a sort of management revolution, we seldom thought about a management model that loaded heavily on these factors. The revolution in management, I think, has been to focus on the importance of these factors as sources of gain in worker productivity as well as human learning.

Question: Is step 4.0 a set of discrete consultant behaviors that occurs right there or is it a sort of a cumulative thing that goes on?

Blocher: I think it's a cumulative thing, that is, particularly the sources of gain. In many situations you would want to turn on a source of gain in your treatment and keep it on as you added other sources of gain so that you have a cumulative power effect. You are bringing more generators on line as you go along and building up the power in your treatment so that by the time you are ready to hook up the behavioral transference to maintainers, you've got a lot of voltage in the system.

Question: How would those first three steps change for the internal consultant?

Blocher: Contrary to the usual view, I believe, strangely enough, that the internal consultant has a tougher time with relationships and communication than the outside consultant. He has a tremendous advantage down at the end when he's looking for transfer and maintenance because he stays in the system and can help wire the maintainers in more easily than the outside consultant. I don't see that the inside consultant has any advantage except in scanning the environment. He presumably has done that and knows about it, but, of course, he's a prisoner of the set of perceptions of that environment which he has acquired, and even there, I think, he has some disadvantages. The only place I see that he has a lot of advantages is down at the end in staying around and hooking up the maintainers and handling the transfer problem. Most of the outside consultants are out of the system before the new behavior has either transferred or been maintained, and the great difficulty, I think, is that the typical one-shot consulting kind of thing does not do much for the organization because the new behavior does not transfer and get maintained. Ideally, I would see the two working together as in Johnson's system where you had an outside consultant who could do some things better, but you had a core of internal change agents to work particularly on transfer and maintenance of the desired behaviors.

A Process Model of Consultation

If one were to characterize Brokes' approach to the consultation process it would be, "respect for the values, goals, and competencies of the client." He does not deny the expertise of the consultant but it is clear from his presentation and the subsequent discussion that he places a high premium on not forcing his solution upon the client. He considers negotiation to be an integral part of each step of the consultation process; should dissonance between client and consultant at any time become too great, he is prepared to terminate the contract rather than to assert his domination or demand the client's submission.

Such an orientation gives the consultation process a very humanistic quality. Although processes which are defined in humanistic terms are often difficult to describe concretely, Brokes provides a clear explication of his. He discusses five phases, one with three subphases, covering 20 functions which must be accomplished. Of the 20, 18 are described as entry and preparation steps. Most of these steps are designed to prevent the establishment of contracts based on conflicting values, goals, or expectations. This careful preparation is considered by him to be the key to successful consultation.

A related, but slightly different emphasis is given to his focus on client responsibility. One could paraphrase this emphasis as, "At all costs, avoid taking the responsibility away from the client. It is, after all, his problem, not yours. He must solve it with or without your help."

Built on such assumptions of client potential, Brokes' consultation model is highly related to the kind of objectives which are emphasized in Faust's paper, and provides a transition to it.

A Process Model of Consultation

Al Brokes
Problem Solving, Incorporated

Although the general form of the process model described in this chapter is applicable to a variety of human systems, it is specifically designed for consulting in educational environments. The unique nature of educational systems necessitates a specific consultation model. For example, most activities in educational systems are performed on a stop-start basis. This factor alone means a highly uneven annual distribution of system load, creates a work year of approximately 180 days for most professional employees, results in unused physical facilities and equipment, and introduces a type of social and psychological discontinuity for most members of a staff. Most systems have an extremely high professional to non-professional staffing ratio. Public educational institutions are also unavoidably proctors and teachers, in terms of both content and process, of national, state, and local values. And because they are publicly funded, they are ultimately responsible to the citizenry, but their results are difficult to measure.

Before a specific process model of consultation can be discussed, several definitions and general statements are necessary. In general terms and for the purpose of this chapter, a process model is defined as a formal plan to describe a particular method for reaching a defined goal, that is, how an individual or a system moves from point A to point B. Such models usually consist of a number of interrelated steps which are sequenced in time. Depending on the situation, the plan may be stated mathematically, in system language, or in prose form. These models also tend to be more descriptive than explanatory, more probabilistic than certain, more dynamic than static, more open than closed; in short, they involve a number of steps and options that lead to a goal.

The consultation process is one in which an individual or group of individuals (consultants) forms a voluntary and temporary relationship with another individual or group of individuals (client) for the express purpose of helping the client attain a desired goal. Because a consultant is not a member of the client system, he operates from a knowledge and value base particular to his profession. (Although the word "client" is used throughout this paper, theoretically the term "prospective client" should be used until the contract is made.)

The following general assumptions, each of which is elaborated in later sections, apply to both the model and the consultant as a model:

1. The consultant recognizes that the client has a variety of skills and knowledges, some of which are foreign to the consultant and some of which are shared.

2. The consultant has a variety of skills and knowledges to facilitate client growth, but successful consultation is ultimately correlated with the client's growth behaviors.

3. The establishment of a consultant contract, in large part, de-

Table 1
Process Consultation Model

Phases	Subphases	Functions
Pre-entry		People assumptions System assumptions Personal values Skills, knowledges
Entry	Contact	Problem consideration Goal consideration Procedure consideration Client consideration Consultant consideration
	Negotiation	Client determination Method determination Client obligation Consultant obligation
	Contract	Consultant specifications Client specifications
Preparation		Problem definition Goal definition Procedure definition
Implementation		Contracted functions/Tasks
Termination		Formal termination/Re-cycle

pends on the consultant's agreement with the client's values and belief that the client can grow and that intervention will facilitate growth.

4. The client/consultant relationship is based on the concept of validation rather than interpretation, on personal rather than political interactions, and on independently shared goals.

5. The major process of the model is the consultant's behavior.

The process model of consultation outlined in Table 1 consists of five phases, three subphases, and 20 functions, with only the entry phase involving subphases. These three categories, their order, and interrelations are the formal systematic model of the consultation process.

Pre-entry Phase

Each consultant brings to the consultation process a variety of assumptions, values, skills, and knowledges, the aggregate of which constitutes the basis for what is frequently called the consultant's style. Although it is probably impossible to define clearly all of the human facets that constitute style, the recognition that a style exists creates the following primary reasons for including the *pre-entry phase* in this model: (a) The level of awareness in the consultant's style has a direct bearing on the consultant's ability to facilitate system growth, and (b) the client has the right to know the consultant's bias before a meaningful contract can be let.

The articulation of the consultant's position considerably reduces the likelihood of a consultant/client impasse during the preparation and implementation phases. In most cases, impasses or time-consuming disagreements occur about procedures or processes. The "how" of implementing a program or reaching a goal frequently calls into play some of our most basic beliefs. For example, without previous agreement on basic issues, a consultant may be faced with a situation in which the client states that the "end justifies the means," although the means conflict with the consultant's values. The articulation of the consultant's basic professional belief system will not insure agreement, but it certainly tends to help.

The pre-entry considerations in this model are divided into four areas: (a) assumptions about people, (b) assumptions about systems, (c) personal values, and (d) skills and knowledges. The assumptions are closely related to the humanistic schools in the social sciences, which, in turn, are an integral part of the basis for a participative or democratic style of consultation or management. If, for example, the consultant believes people to be basically indolent, his consultation style will include a variety of techniques and approaches to prod individuals into action. On the other hand, if he assumes people are curious and seekers of new experiences, then his tools must include techniques that provide opportunities for individuals to achieve success in supportive and self-evaluative environments.

The people assumptions underlying my model are:

1. Certain characteristics are genetically based and basically unalterable, but many other characteristics may be altered through environmental learning.
2. People use only a small proportion of their potentials.
3. People are by nature curious and seekers of new and unique experiences.
4. People are capable of acquiring, retaining, processing, and reproducing a large quantity of various kinds of information.
5. People are neither intrinsically "good" nor "bad."
6. People require certain physical nutrients for survival and performance.

System or organizational assumptions necessarily include the people assumptions, but they must be based also on larger societal values and certain theories and practices which are drawn from the professional literature. The consultant's views of systems will determine in part the type of systems in which consultation will occur, as well as the possible effectiveness of a particular style of consultation in a given system. For instance, the notion that a system exists only to provide profit or social power for an individual or small groups and can ignore the rights and needs of employees brings the issue clearly into view. Undoubtedly, my example is overstated for contemporary systems. But the idea remains that to be effective a consultant must find that his assumptions agree with his client's.

The system assumptions included in this model are:

1. People want to do a good job and be successful. When they appear passive or resistant to organizational needs, it is because of experiences which have inhibited their positive motivations.
2. It is essential to arrange conditions and methods of operations so people can achieve their goals as they work toward compatible organizational objectives.
3. It is essential for people to recognize and develop their motivations and capacities; to assume responsibility; and to create, share, and work toward organizational goals.
4. Each person is an individual who contributes uniqueness and expertise to the organization.
5. Each professional system has, for the most part, the expertise necessary for meeting organizational and personal needs. The potentials of these available human resources are actualized when organi-

zational structures are designed to facilitate rather than to suppress participation.

6. An effective organizational structure respects the fact that each person has a different risk threshold for immediate change.

7. People systems are created by human thought and behavior and can be changed by these same human qualities.

8. Each human system operates within various legal, governmental, ethical, temporal, and fiscal limits. However, these limits are not so constricting as is commonly thought and may at times facilitate individual and organizational goals.

9. Systems are goal-oriented social environments in which goals are either generated or accepted by their members.

10. Human systems change only when the behavior of persons in that system change.

11. The procedures for operating educational systems and their curricula must reflect the major democratic values.

12. Systematically planning a series of events necessary to achieve personal and system goals clarifies functions and responsibilities and increases system effectiveness.

13. All effective systems are based on a concept of trust.

14. A direct relationship exists between the degree to which systems are participative and the degree to which individual and system growth occurs.

15. System growth strategies are built on existing system strengths, requiring data knowledge of the existing system.

16. Systems have an optional work load level. Work overload or underload results in a decline of system morale and effectiveness.

In addition to the assumptions about people and systems, a consultant possesses and conveys personal values which have a bearing on the consultative process. The consultant's personal value system is complicated, private, and beyond the bounds of this document. It is included in this phase of the model for the purpose of recognition and awareness. If the professional assumptions are not in harmony with the consultant's personal value system, the consultant may be providing confusing consultation to the client by not modeling the ideas and concepts verbalized.

Although it is important for each consultant to appreciate his skills and knowledges, it is equally important for him to recognize that the client possesses some of these same talents as well as unique abilities. Awareness of the client's assets helps the consultant to:

1. Recognize that each consultation experience is a mutual learning experience.

2. Behave in a participative manner with the client.

3. Work with the client in the development of realistic goals and procedures.

4. Escape the concern of always having to hold the definitive answer to all client problems.

5. Assist the client to recognize that "problem ownership" is client centered and that the client has for the most part the needed skills and abilities to define and attain goals.

The consultant's skills and knowledges considered important in this model fall into two content areas: process and situation. Although it is probably impossible to delineate clearly these areas in all cases, just as it is with assumptions and values, some meaningful distinctions can be drawn.

Process concerns the general approach, the form, the style, the how, or, in system language, the *functions* that are minimally essential for a consultant to enter and exit a system effectively. Process concerns the necessary consulting steps to move from point A (system entry) to point B (goal attainment) when the "move" (consultative procedures) is congruent with the consultant's assumptions, values, and the goal itself. To juxtapose, situation content includes the specific tools, skills, and knowledges, for example, needs assessment procedures, system analysis procedures, specific training programs, and group problem-solving techniques. In systems language, situation content includes the *tasks* that are required to complete the consulting functions.

In one sense, the process content can and should be considered peculiar to each consultant. In another, the functions of most models are quite similar and the models differ primarily in terms of labeling and emphasis. What frequently distinguishes consultants is not their basic model difference but their ability to model during the entire consultation process.

A point that continually recurs in consultation is that although the client's initial requests of the consultant fall in the situational content area, the process content ultimately becomes the most meaningful and important. My intent is not to de-emphasize the areas included in situational content; they are important unto themselves and very important to the ultimate success of a consultation activity. But the primary skills and tools of a consultant fall in the process area. Frequently, consultants must look to the system or to other resources to obtain the needed situational content. When consulting with educational systems, situational content areas often drawn upon are learning theory, social theory, communications, measurements and evaluation, curriculum, system analysis and planning, group problem solving, and motivation. Each area constitutes a didactic and experiential body of knowledge that transcends the skills and knowledges of any one person.

In summary, the consultant's assumptions, personal values, skills, and knowledges, coupled with previous experiences and interpersonal relations, blend together to form the individual, unique consulting style that each consultant brings to the *system entry phase* of this model.

System Entry Phase

Perhaps the most important phase of any consultation model is the manner in which a consultant enters the system. From the initial contact, professional and interpersonal opinions and expectancies are being formed by the client. It is important to keep in mind that the consultant is being invited to perform an assistance function and, therefore, may be interacting with an individual who is to some degree familiar with the consultant's style. In such cases, the entry procedure may be less time-consuming because of client/consultant congruence, particularly when the consultant has had previous contracts with an individual or system rather than a reputational acquaintance. When previous contact has not been made and little is known about the consultant's style, the consultant should be especially aware of immediately modeling the process content of the model.

The system entry phase of this model consists of three subphases: contact, negotiation, and contract, each containing various functions. The overall approach is deductive, with the greatest specificity occurring in the contract function. The degree to which each function will be discussed and/or explored with the client will depend, of course, on a variety of variables. If the client is looking for a consultant to fit a certain slot in an already designed approach, the transactions quickly may be reduced to a go/no-go basis. However, if the client's request is not specific in terms of problem definition, goal determination, and procedure development, the entry procedures become more acute and time-consuming. In large projects, regardless of the previous client/consultant relationship, all these subphases should be given individual attention.

Contact

The aim of the contact subphase is to establish a general understanding of the system's concerns and resources. Although this step may be accomplished in a relatively short period, all functions should be considered individually. For example, frequently some clients initially present a complicated system concern in an overly simplified manner because they already have decided on the procedures to employ to eliminate the concern. In other cases, what eventually prove to be isolated or easily manageable concerns are presented as systemwide or basically unmanageable. In short, the contact phase helps the client to (a) re-think his concern with someone outside the system who is trained to ask leading questions, and (b) provide the consultant with enough basic information to consider continued involvement.

The first function performed in the contact subphase is problem consideration. The consultant and the client assess the origin and history of the concern as well as its magnitude and possible contributing factors. The aim is to gain a general understanding of the nature of the problem or problem area rather than a specific definition. The consultant must be open to the possibility that the presented problem is already clearly defined, while, at the same time, questioning its definition.

Occasionally the client will be goal oriented rather than problem oriented. In such cases the client wants to introduce a new program or procedure primarily because it is deemed progressive or meaningful; the proposed change is not based on any particular present system operation. When such an approach is initially accepted by the consultant, it should be reconsidered during the negotiation subphase.

The second function is goal consideration. Again, the client/consultant interaction is intended to produce a general description of what is desired and the goals to be reached. The consultant attempts to assess the problem-goal relation, the number and magnitude of the proposed goals, as well as goal specificity and the client's degree of interest and commitment.

The problem-goal relation is important for three reasons. First, it provides the consultant with indirect information relative to problem consideration. Second, it affords the opportunity to help a system move from a problem orientation to a goal orientation of growth. And third, it examines directly the premise that the expressed goals, although desirable in themselves, may or may not have a direct connection with the problem. In terms of number and magnitude, some clients have a goal overkill approach, and thereby, in systems with limited resources, may run the risk of failure, which in turn magnifies or maintains the antecedent problem. Other clients may behave more conservatively, presenting so few goals or so constricted an approach that goal attainment is insured, but the initiating problem is minimally affected. Closely related to goal magnitude and number is specificity. The important consideration at this point is not whether a goal, subgoal, or objective is being presented, but whether the degree of speciality is so pronounced the client may (a) not have an integrated understanding of a system interaction, (b) not see the larger issues associated with the presenting problem, and (c) have already determined, to a degree, the only acceptable approach to resolve the problem.

The client's interest in achieving the stated goals is an important consideration at this juncture. The consultant should explore not only the possible degree to which a system may mobilize its resources but also the client's priorities and commitment. At this point in the process model the consultant has an opportunity to obtain some feeling for the client's ownership of problem resolution or goal achievement.

The third function in the contact subphase is consideration of procedures. Initially it is helpful to approach this function from a historical point of view. Frequently a system has attempted a variety of approaches toward goal attainment, including the assistance of other consultants or experts within the system. Although a given approach may not have worked in the past, it does not necessarily mean it should not be attempted again. On occasion, previously attempted unsuccessful approaches can prove quite effective with slight modification. Closely associated with past efforts are current system activities. If the system is presently engaged in a goal oriented procedure related to the client's concern, effective consultation must be based, at least to some degree, on this information. It is common for an existing procedure to become more effective without major modification simply by introducing such concepts as problem ownership, monitoring procedures, communication, clarification, evaluation, and the like.

After gaining the historical and contemporary data related to this function, the next step is to assess the system's future plans. During such discussions the consultant gains information about and additional general understanding of (a) the degree to which the system has been considering possible alternative approaches to problem resolution, (b) the commitment or priority the system is willing to place on goal attainment, (c) the degree to which the system is committed to a specific procedure for goal attainment, and (d) the rate of change desired. During this discussion, it may become clear to the consultant that the client already has determined the procedures to be used and is not receptive to alternatives. In such cases the consultant simply identifies and logs areas of concern and proceeds to the next two functions. The temptation of becoming involved in a procedure discussion at this point should be denied, for it is quite possible that after a discussion of system considerations, the client's position will appear more meaningful in terms of its congruence with the system's resources.

The system consideration function is of primary benefit to the consultant, although it may also be quite helpful to the client. Naturally, the degree to which this function is to be explored relates to the nature and magnitude of the system's desired goal, the consultant's familiarity with the system, and the client's willingness to share. Therefore, in a given situation, each of the areas listed below may not be considered of equal importance, if at all. For purposes of illustration and brevity, some of the areas that could profitably be explored at this time are listed below in question form.

System Load. What are the student/teacher and administrator/teacher ratios? What is the present classroom usage? How many experimental projects are presently in operation? How many staff members are currently involved in innovative projects? What extra assignments do staff members carry?

System Flexibility. Is there an attitude of experimentation? Are classrooms the private domain of teachers? Are departments within the system closed shops? Are individual staff members aware of and concerned about total system functionings? Have major changes taken place recently?

System Management. What style of system management is practiced? What is the teacher/administrator relationship? How political is the system? How protective is the system of its "own kind"? What are the administrators' behavioral strengths? Is there an impending strike?

System Composition. What are the size and nature of the staff support subsystems? What is the socio-economic, ethnic, and political composition? What is the extent of community involvement and support?

System Awareness and Receptivity. How knowledgeable is the system about the existing problem? Does the staff consider the problem a meaningful concern? What would have to be done to inform the various publics about a proposed program? Are there realistic system expectancies associated with the problem? Does the system welcome change?

System Resources. How prosperous is the school or district? What kind of funding (federal, state, local) is available? How available are physical space, materials and equipment, transportation?

The fourth function is in the contract subphase, Consultant Considerations. The consultant shares with the client some or all of the areas discussed in the pre-entry phase. Again, the degree of sharing will be determined in part by the nature and magnitude of the consultant's possible involvement with the system.

There are a number of reasons for including this function in the model. First, it provides the client the opportunity to become more familiar with the consultant's general style before possible further negotiations occur. Second, it provides the client the basis from which the consultant may raise specific questions related to procedures. For example, the consultant may question whether the means (procedures) for reaching a given end (goal) are congruent with the ends. Third, it serves as an invitation for the client to question the consultant's style including consultation fees. Fourth, it helps to clarify the process functions and the situational tasks, and fifth, it serves as the final bit of general information necessary for consideration of a continuing consultant/client relationship.

Several outcomes are possible immediately following the completion of this function. The client may indicate that continued exploration and discussion do not appear fruitful, and, therefore, he chooses to seek assistance elsewhere. The client and consultant may decide that the skills and/or knowledges needed or the approach to be used by the client are not congruent with the consultant's style and a different consultant or intervention is needed. Or the consultant and prospective client, agreeing that additional contact would be meaningful, enter the negotiation subphase.

An important note: Since one of the main goals of consultation is to assist the client in the growth process, the consultant has the responsibility to offer the client other possible resources if a continued professional relationship is terminated at this time. The resources could be in the form of literature references or a list of other consultants whose styles appear compatible with the system's needs. In large undertakings consultant and client frequently draw a pre-contract. It is typically written in general terms and usually includes only the negotiation and contract functions of the model.

Negotiation

If the consultant/client relationship is to continue, the second subphase, negotiation, is entered. Negotiation is composed of four functions: client determination, method determination, system's obligation, and consultant's obligation.

Up to this point, the client has not been specifically determined. Although it is assumed the client is the person who initially represented the system, if the consultant is to be effective in future system contacts, a client determination must be reached. There is a broad variance in terms of client definition, ranging from the ultimate "consumer" of the implemented procedure to the entire system, from the specific individual or group with whom the consultant has a formal or informal agreement to person or persons with whom the consultant is working at the moment. However, this model proposes that the consultant be responsible to one person in the system for the following reasons:

1. Responsibilities are frequently diffused in systems, particularly when programs requiring basic system change are involved. By contracting with one member of the system, the person with overall program responsibility is defined.

2. The model assumes a "low visibility profile" for the consultant. The greater his direct involvement with a large portion of the system, the greater the possibility of the consultant "owning" the system's problem.

3. Because systematic planning, including monitoring and contingency management procedures, is important, the consultant should not emerge as the program designer, implementer, and evaluator. His role is to assist the system in generating its own approach and determining its own awards. Without a specific client, the consultant can easily become the manager of the system's program or procedures and thereby pre-empt members of the system.

4. Responsibility to one member of a system helps the consultant to maintain an apolitical relationship with the system's existing power structures.

5. Because the consultant is entering an ongoing system which includes a unique organizational pattern, it is largely the system's responsibility to determine the organizational level at which the consultant's skills and knowledges can be most meaningfully used.

Admittedly, in actual practice, the client designation is not always clear. There are occasions, particularly when pre-service and inservice staff programs are seen as necessary system functions or tasks, when the consultant has a direct consultative responsibility to a larger group. In such cases, it is easy to redefine the client in situational terms. However, this type of involvement usually occurs in the preparation and implementation phases and would have been previously agreed upon with the client during the contract function of the model.

Method determination is the consideration of how to define the problem, the goal and the procedures for goal attainment. The client and consultant establish a greater degree of specificity for the functions the system needs to accomplish before it can reach its ultimate goal successfully. In developing an overall strategy, the consultant may assist the client by introducing situational skills and knowledges such as system analysis and systematic planning. System analysis could take such forms as a functions or needs analysis; systematic planning might include first-cut functional flow charting and time-line development.

Initially the problem is examined by considering such questions as, How has the problem been defined? Who has been involved in problem definition? What existing system procedures are available to gain greater definition? Is a more precise definition needed? Occasionally such questioning results in an acceptable problem definition. If additional work is needed, the consultant can assist the client by introducing the appropriate situational skills.

Following the development of strategy for obtaining problem definition, strategies are also developed for obtaining goal and procedures definitions. The development of a method to obtain goal statement also includes the writing of associated objectives. Although generally it is helpful to consider objectives and objective writing procedures, specific behavioral objective writing is not necessary at this point.

The procedures ultimately used by the client in goal and objective development are significant because the degree of staff involvement brings about commitment as well as improves the quality of the goals and objectives.

The most complex area in the method determination function is the consideration of the procedures the system will use to reach the goal. The procedures might include such large components as program management style; personnel, pre-service and inservice training programs; time relationships; sequencing; materials and equipment; monitoring procedures; system readiness; evaluation; and the like. One of the most difficult concepts to communicate in this form of systematic planning is that the planning of the overall procedure to reach the system's goal includes the procedures developed for defining the problem and formulating the goal. It is important to keep in mind that in this model all developed system procedures are participative to the degree possible; without participation, system ownership of the desired program or procedure is unlikely.

At the conclusion of this consulting function the client has a general plan from which his obligations and the consultant's obligations can be defined. These two consulting functions are important because both parties are required to agree on and record areas of responsibility. The basic notions of who is going to be responsible for what, when, where, to what degree, and with whom, need to be understood in a successful consulting relationship. During the performance of these two functions the consultant also has the opportunity to define more clearly the consulting role in terms of specific behaviors and, in those cases where fees are involved, to determine consultation costs.

In some cases the prospective client/consultant relationship may terminate at this subphase for any number of reasons. The consultant has a professional obligation to exit when the client's needs and the consultant's style are incongruous.

Contract

Contract is the final subphase of system entry. In smaller projects, the two contract functions, consultant specifications and system specifications, can be included and concluded during negotiations. In larger long-term undertakings, specific contract writing is helpful. If the preceding system entry functions have been performed adequately, the client should have a clear understanding of the services the consultant expects to perform and vice versa. If either party is surprised with the specifications defined by the other, there is a strong likelihood that some basic confusions exist and that additional work needs to be done before a contract is reached.

Initiating a contract without taking the opportunity to review the previous consulting functions may ultimately lead to client/consultant disengagement and a resulting loss of growth for both parties. In short, the contract subphase includes a review and affirmation of the work done during the negotiation subphase and states in language as explicit as possible the expectancies of both client and consultant. In large undertakings there will be, of course, a number of contingency paragraphs in the formal document which may not be necessary in smaller projects.

Preparation Phase

The third phase of the model, *preparation*, is composed of three functions: problem definition, goal definition, and procedure definition. In theory, these functions would be performed before entering the implementation phase, but in practice they can overlap because of the client's timeline. For example, problem and goal definition procedures may be implemented because of the client's desire to complete the undertaking on a given date.

The aim of the preparation phase is basically twofold: first, to produce as specific a project or program plan as possible. At this point the consultant's situational skills and knowledges become important. Such skills as systems analysis, function flow and GANTT charting, needs assessment approaches, participative and contingency management practices, monitoring and evaluation procedures, research methodology, group problem-solving techniques, learning and motivation theory, and many others may all be helpful to the client in completing the specific plan. For example, the consultant can be of considerable assistance in helping the client to identify the system's existing strengths so that the final plan for reaching their goals is not based on existing weak or ineffectual system functions. The consultant might also assist the client in the identification of existing system functions that could contribute to goal attainment without introducing additional system load.

The second aim of this phase is to assist the client in including as many as possible of the people directly affected by the undertaking in the determination of the final plan. During the negotiation subphase, participation was considered desirable; during this phase, it is essential. Through participation or meaningful involvement the system behaviorally incorporates new programs or undertakings. Without such participation, a program may always be viewed systemically as something external, additional, and burdensome. Involving large numbers of people either directly or indirectly in the effective decision-making process is a difficult task, and again the consultant's situational skill and knowledges are invaluable. Participative management, group problem solving, expectancy theory, and other consultant skills may be of great help to the client in developing effective participative procedures.

Problem Definition

During the first preparation phase function, problem definition, the client determines the specific procedures to be used to gain a precise definition. Since the model emphasizes goal attainment, the minimally essential amount of system resources should be spent in this area. Although precision is desired, there is a tendency to overdefine a problem. In some instances, the problem is specified in terms of the absence of students' skills. But when traditional administrative procedures are involved, problem definition becomes more complex. Regardless of the amount of time a procedure requires to define a problem or problem area specifically, the results are of most significance in terms of their contribution to the generation of both process and content goals and objectives. The consultant's role is to suggest or to recommend several appropriate procedures, should the client have difficulty in generating one, and then to shift the client's resources into goal and objective development.

Goal Definition

Goal definition, the second function, also includes objective writing. It is usually helpful to suggest that all goals be written and given priorities before objectives are determined. This procedure provides the client the opportunity to reconsider realistically the magnitude as well as the importance of the endeavor. It is neither fair nor desirable for the client to write goal statements which have no chance of being achieved.

The objectives subsumed under the goals should also be written in a meaningful and realistic manner. Too many objectives may overload the system in terms of procedures, expected outcomes, and evaluation; too few may provide insufficient feedback for determining the degree to which the program is successful. It is extremely important to involve those people who will be doing the work in the development of objectives. Without their involvement, the objectives may (a) introduce a needless load, (b) produce data they may not believe relevant to their task, (c) be seen as unrealistic and, therefore, unworthy of their efforts, and (d) be of limited value in terms of feedback or monitoring.

In most, if not all instances, both outcome and process objectives should be developed, and both should contain interim measures of progress. By approaching objective development in this manner, the data collected can be used for system and individual monitoring purposes, as well as for contributing to the program's final evaluation.

Procedure Definition

The aim of the third function, procedure definition, is to produce the overall specific plan that the client will institute to achieve the desired goals. At this point in the consultation process, the procedures developed for problem and goal definition are interfaced with a program implementation plan. To state it simply, the client has determined how the problem and goal will be defined and is ready to develop a procedure that will state specifically how the goal and objectives will be reached. The process of developing these procedures is labeled program implementation planning.

Although the order and nature of the functions and corresponding tasks in a client's final implementation plan will differ because of selected goals and ongoing operations, program implementation planning should include the following as a minimum:

1. Develop problem definition procedures and problem definition statement.
2. Develop goal definition procedures and goal and objective statements.
3. Write a mission statement.
4. Analyze mission statement and write necessary program functions, initiation, operation, and conclusion phases.
5. Determine sequence of functions and associated tasks.
6. Establish time-line of functions and tasks.

7. Determine personnel requirements including pre-service and inservice training.
8. Determine materials, equipment, and other nonpersonnel requirements.
9. Reconsider program costs.
10. Assess system readiness, including the orientation of the system and its personnel.

In completing this consulting function, special emphasis should be placed on helping the client to consider and include program evaluation and monitoring procedures and contingency strategies. To the degree possible, the program evaluation should be designed to (a) provide the system with readily usable content and process data feedback, (b) contribute directly to the monitoring and contingency procedures established, (c) contribute directly to the overall project or program evaluation and (d) have meaning to the people involved in the data collection process. This type of an action research approach to the evaluation process is a situational knowledge that is frequently very helpful to the client.

Monitoring procedures, part of the overall evaluation design, should also be as unobtrusive and meaningful to the affected members of the system as possible. There is a tendency to approach monitoring from a program control rather than system growth point of view. If the people involved in the monitored process view it as a control, it is likely they will be less receptive to data collection and to considering possible procedural changes suggested by the data.

Because of the variance within human systems, a well-designed implementation plan will include contingencies. If the analysis of the mission statement and function writing has been thorough, the possibility of generating meaningful contingencies at this level is remote. However, at the task level, particularly in large programs, the inclusion of contingencies in the planning process is highly desirable. In cases in which the client is uncertain of a particular procedure or the consultant foresees difficulties because of previous experiences, an agreed-upon contingency may emerge. Whenever a contingency is generated for a given task, the monitoring procedures for that task should be intensified so that possible alternatives can be quickly implemented.

Another important area in implementation planning is determining a realistic time-line for all functions and tasks. Sometimes programs in which the functions and tasks have been articulated and sequenced expertly have run into difficulty because of unrealistic time allocations. The development of a time-line also provides the client with a greater understanding of the load and manageability of the program. Time-lines should always be determined by or in concert with the client; without his involvement the consultant could introduce unrealistic expectancies and perhaps be viewed as the ultimate program manager.

In designing an implementation plan, the consultant should assist the client in identifying existing procedures and support personnel that can facilitate the program without either duplicating or introducing "new" personnel or procedures. Such consultation may result in reduced costs and greater program support.

Upon completion of the plan, a "talk through" is frequently helpful. A "talk through" is a reconsideration of the entire plan on a critical step-by-step basis, with particular attention devoted to assessing the system's readiness for implementation. The consultant may find that although the plan is complete, the lack of system readiness prevents or reduces the chance of implementation. If for any reason there appears to be a strong suggestion that the program could be of limited success, a reconsideration of the time-line and/or a resolution of the limiting factor should be considered.

Implementation Phase

The consultant's role in this phase can range from periodic conferences with the client to daily on-site contacts. The degree of direct involvement with the client in terms of the program initiation, operation, and conclusion is based on two variables: First, the agreement reached during the contract subphase, and second, modifications of that agreement which may have been negotiated as a result of completing the preparation phase. Regardless of the frequency and breadth of system involvement, the consultant's skills and knowledges should be employed in a manner that will not preempt any member of the system or assume program ownership. In most instances the consultant serves as a non-system-member manager by assisting the client in the following tasks:

1. Determining the effectiveness of each function and task and considering contingency implementations.
2. Solving unforeseen problems that may have arisen because of the effect of the implementation plan on the system as a whole or on other subsystems.
3. Solving problems that may have been generated by conditions external to the plan or system.
4. Developing new or additional functions and/or tasks.
5. Modifying existing functions or tasks.
6. Reviewing the monitoring and evaluative procedures.

7. Assessing the degree to which the time-line is being followed.
8. Anticipating problem areas and considering possible solutions.
9. Interpreting evaluation results.
10. Exploring the need for generating future planning of the program.

There are, of course, a myriad of additional services which could be included in this phase, particularly when the contract indicates direct program involvement. If the two previous phases have been effectively completed, the consultant's basic responsibility during the program's initiation, operation, and conclusion is one of indirect program monitoring, problem solving, and future planning.

Termination or Re-Cycle Phase

In this phase, as in the preceding ones, the consultant's activities will be determined for the most part by the existing contract. In some cases the client desires a formal program debriefing, including a review of both the content and process final evaluation results. In others, the consultant may be asked to prepare a written statement containing perceived program attributes and difficulties and suggestions for the future. Regardless of the activities involved, the last client contact should be of a formal nature in which both parties agree, either verbally or in written forms, that the contract has been fulfilled. This procedure is also important in cases in which the client has requested additional consultative services.

Conclusion

This consultation model attempts to systematize the contributions of a variety of professionals and disciplines in assisting educational environments to reach goals in an effective and humanistic manner. Although it draws heavily on the fields of participative management and systematic planning, it simultaneously respects the individuality of each system. It recognizes the abilities of the people in an educational system and describes the consultant primarily as a facilitator of those abilities.

Discussion

Question: Are all the functions of a consultant negotiated prior to or at entry?

Brokes: They should always be listed as possible negotiable items even though some contracts are not that large. Most of my suggestions are applicable to large contracts, where you are going into a school district to work over time. Yes, all of them would be negotiated. We have them listed on a check sheet and if the clients have any concern, they can address themselves to it. We feel it is very important to come into a system with trust.

Question: In terms of the system setting its own time-line, my expectation would be that very often the system wants it done faster than you may feel is possible. Have you run into this problem? How do you handle it?

Brokes: You may disagree with me, but if I've had an experience which I've seen as meaningful, I will share it. I'll say, "Well, you know your system best, but let me share with you some alternatives that I know about. It's your choice, but take a look at these alternatives." Although I may think the client is trying to move too fast, I have been wrong so often that I stand a good chance of being wrong again. I think I do have an obligation there to share with the client that I think he wants to work too fast but without being critical. I try to provide a data base for that kind of statement out of experience. Clients own us; they must choose the time. Does that make sense?

Question: You're saying that you would be likely to remain as a consultant even if you felt uncomfortable about the client's time-line?

Brokes: There are times when I would have done things differently. As long as they fit within the assumptions you make about people, systems, and your own value structure, you learn to live with them. One of the things I do is advocate a little sharper look so that we can re-cycle. I say, "Okay, but how about measuring that a little more precisely than we had initially planned to. We're going to recycle that, take a look at it."

If I find all of a sudden that I'm starting to generate all the functions and tasks, and setting the time-line runs and goals, and if I'm taking the case away from the people who are there, pretty soon they're saying, "I thought you were doing such and such. Are you reaching your goals?" They don't have to investigate those things. The point we're getting to is Deno's paper. He took the problem away. Remember, he walked into the faculty room and they said, "Let me tell you about your youngster." All of a sudden, here's a man who's not a member of the system who has accepted the problem.

Comment: We must remember that it's the system's own problem.

Brokes: We operate toward a goal. We would find the strength in the system. Which strengths appear? That's what, in our language, is called a function analysis. We take a look at the functions being performed in the system.

Question: Would you care to comment on how you see the internal consultant—her/his role—with respect to your ten constructs? When a child is referred to the special educator, there's a tendency for people to think, "Now that person is going to at least share the ownership of that problem." Does that make any sense to you?

Parker: It seems to me that the Houston system would be an example. Once it was decided that it wasn't the mainstreaming of kids they wanted to bring about, but change in the mainstream, the question becomes, what is their relationship to the mainstream? If you're going to apply your concepts to them as consultants in that system, who owned the problem of mainstreaming? Or changing the mainstream—whose problem was that? Was it the problem of the consultant or of the regular classroom teachers and regular supervisors of the curriculum?

Brokes: I don't know but I can speculate that the two gentlemen owned that problem, initially, and to some extent still do. But that's a guess. I can't speak for Parker, but I think that all of his suggestions might be advocable. But there is one vast difference, and that's in the perceptual set of the people in the system, and also how you bill yourself. Special education has billed itself as special, so there is a perceptual set in the system. When you come in, you're special; and you deal with special kids. Now, all of a sudden, you're saying, "We're special. But we're not special." It would be kind of hard for some people to say, "Well, you know, either you are or you aren't."

I believe that mainstreaming cannot come from special education. It must come from general education. Because that's the vast portion of the system we call American education. I believe special educators can make a very exciting contribution, but mainstreaming must come from the general educator.

Blocher: It seems to me that the question of who owns the problems in the Houston and Vermont plans could be determined by their priorities. I see them as (a) having a zero rejection rate, which is mainstreaming; and (b) having all youngsters learn normal educational objectives at an acceptable steady state performance rate. Who owns the problem depends on which of those two you put first. I guess any mainstream educator would say, "The second goal is first. All children should learn at an acceptable rate." If you go the other way, I think, inevitably, that the special education people own the problem.

Comment: I was interested in the fact that in your view of consultation, the client is always the user of the consultant rather than the other way around. I think that's really good. It has a lot to do with the fact, however, that you sort of work for and are actually reimbursed by the client. Then it's very clear to you whom you're working for. The kind of problem that prevails in other consulting relationships, like an in-house situation, is that, very often, there's confusion about who is the client. Is it the guy who's paying the bill? the person who's receiving the service? or the kid who indirectly benefits? I think that one of the things that really helped me to get straight about being a consultant is this exchange of remuneration that takes place. You know exactly who has the responsibility, who's calling the shots.

Brokes: That is a very sophisticated point. However, I think that there are other kinds of things which, as an in-house consultant, one can do to clarify the goals. If consultation in-house is to have one person train somebody else to change his behavior while the consultant does not change her/his behavior, then I think you're off on one kind of consultation model. If on the other hand, you're looking at a model in which you're pooling resources, and all of you are moving to meet a goal toward which you are contributors, and you are seeing yourselves as functions of a process that's going to get you there, I think that that is a kind of clarifying theoretical notion. There is the additional problem of the formal and informal structure. The formal structure has specifically the labeling function, the salary function, and all those little accoutrements of moving up in that organizational structure. The most difficult problem is, first of all, distinguishing between the formal and the informal, and, second, labeling. I don't have any good answers for that.

Comment: There were a couple of things you said in your presentation about different kinds of tasks for consultants to perform, which seem to occur over and over again in the systems analysis, like trying to read the system. I think a very relevant point has been made that in many cases the in-house consultant is way off the track on his own perceptions of the system. To push that a little bit further, the system is, in fact, fighting his role as a consultant very often and, because of that, there can be no true consultation. It would be really helpful to have some kind of additional insights into the kind of negotiations that are possible, how limiting negotiations would be relative to the in-house consultant's successful performance of his role. It seems very often that the kind of roles that in-house consultants get put in is to help individuals exist within the system and to cope with change in the system.

Co-Professional Collaboration

Consultation in the schools is fraught with many problems. Cohen's concluding remarks in the discussion following her presentation summed up those difficulties:

> *I will be honest with you. I find consultation a very difficult process—a very difficult process. Anybody who thinks consultation is something you just do has not lived through this very painful human situation in which you have to take some stand to add a little piece to the well-being of student or teacher or principal.*

What makes consultation so difficult? First of all, Cohen points out, is the difference in the educator's and the mental health consultant's value systems. The educator is primarily interested in the educational achievement of the student, while the mental health consultant is primarily interested in the student's feelings of well-being. These value differences and the structure of the school organization lead to major differences in the orientation and work style of the two sets of professionals. In some cases the differences are of such an order that they produce disruptive conflict if they are not fully understood.

Cohen suggests that the solution to such differences is "collaborative consultation." However, it is not enough for educators and school personnel to "collaborate." What the consultant lacks in many instances is knowledge of schools, their philosophy and goals, their organization, and the realities of classroom instruction. Since most consultants are trained to work in clinic settings, they have the luxury of being concerned with the individual child, and of working independently and with low accountability. Teachers, by contrast, must be concerned with large groups of children and a hierarchical structure, and they are accountable to many constituencies. When the consultant does not understand and accept the realities of these and other equally important differences, confusion, conflict, and failure are the result.

Co-Professional Collaborative School Consultation Model

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Mental health programs have been increasing steadily in number and complexity since the Mental Health Services Act was passed by the Congress in 1963. One of the important provisions of the Act, that "Consultation and education should be an integral part of the services offered in this program," has stimulated professional workers in mental health to go out into the community and schools as consultants.

A school consultant can be defined as an individual with a variety of professional skills who is invited into a school system to assist the educators to find methods and approaches that will lead to the resolution of the difficulties or challenges they face in carrying out their responsibility to educate children. Among the techniques available to the consultant are the specific skills and methods documented by Berlin (1964) and Caplan (1965, 1970). Recently, Cohen (1974) and others have incorporated new areas of knowledge from the behavioral sciences and open systems theory to broaden the opportunities for consultants in schools. On the basis of these skills, the consultant can conceptualize a dynamic approach to the problems of the school system which integrates mental health and educational principles.

In a later section of this paper, such a model is discussed and described. The objective of consultation in this model is postulated as aiding educational personnel to incorporate mental health concepts within a systems frame of reference in the task of educating children. Since the concepts are derived from an integrated knowledge of both psychology and education, the approach allows the mental health consultant to (a) appreciate the school culture, task, and protocol of the educator and his staff; (b) identify mental health processes affecting teaching and learning; (c) participate in a collaborative partnership to provide a range of intervention procedures at the systemic, educator, and student levels; and (d) establish both vertical and horizontal links to the back-up services of the mental health programs in the community.

The integration of knowledge from the behavioral sciences and open systems theory can provide concepts and guiding principles to orient the mental health consultant in his collaborative role in the school setting. Collaboration is essential because in any complex organization problems are embedded and must be resolved in a social context. Thus, the consultant must conceptualize his proposed actions as a set of forces which affect and will be affected by the characteristics of the system which, in turn, are influenced significantly by all members of the system. Whether an individual or a group, the client (consultee) must be seen as a subsystem or part of a total system; nevertheless, the consultant must not lose sight of the total system as the setting for his approach or suggestion. Then, on the basis of his concepts and principles, the consultant can develop a compass and maps for navigating the maze of the school's organizational structures and functions, and he can set up procedures that will permit relevant persons or groups to participate in the achievement of specific goals. It is obvious that he cannot function alone. It is at this interface of reality and perception of the interdependence of individuals that viable solutions are applied.

The remainder of this paper is organized around three levels of the model to achieve a collaborative consultative approach.

1. *Conceptual principles.* The rationale of the consultant's activities is delineated and two important points are stressed: (a) the differing value systems of consultant and consultee and (b) the issues relating to the consultant's responsibility.

2. *Administrative organization.* To reach the aims of the consultation, a structure must be developed that takes cognizance of (a) the policy underlying the consulting process and (b) the roles that must be played by the individuals in the system in the problem-solving process.

3. *Operation and management activities in consultation.* The activities incorporate and delineate the types of interactions and behavior patterns which the consultant must carry out to achieve the aims of consultation.

Conceptual Principles

The model presented here is broadly conceptualized within a framework that integrates psychological and educational principles to develop a point of view that will aid the people-oriented organization which is needed to support the consultant's collaborative activities. Without a conceptual model to construct approaches for both educators and mental health professionals in the consultation activities, a consulting program is seriously flawed. Since educators and mental health professionals come from different conceptual systems, the systematic and ongoing planning to develop a joint approach to school consultation should include the objective of combining the expertise, skills, and energy of both. The areas of theoretical knowledge in the two systems which can be useful in developing the procedures and methods of intervention are (a) open systems theory; (b) school organizational and administrative concepts; (c) children's psycho-educational development; (d) theories of education and curriculum programing; and (e) consultative principles and practices. The assumption is made here that experienced educators and mental health professionals know and/or can familiarize themselves with these five basic knowledge areas.

By extrapolating from the broad areas of psychology and education, a philosophical intervention with a number of delineated objectives can be developed. These objectives underlie the intervening-consultative behavior and goals of the consultant. If these goals are discussed and modified in advance with the significant individuals in the school system, they can be pursued within the framework of the consultant's skills, his approved and sanctioned activities, and his accepted responsibilities.

The following guidelines are basic to the development of this model:

1. All of the consultant's activities should be directed toward developing practical procedures which will be useful to (a) each educator who will participate in the consulting activities and (b) the children who will be the recipients of the educational services.

2. The consultant's approaches should take cognizance of the traditions, cultural practices, and accepted modes of practice in the community and schools.

3. All activities should be directed toward consulting on specific educational problems and/or behavior difficulties that concern the educator. However, potential opportunities for participating in long-range and broader educational planning and activities should not be overlooked.

4. The development of relationships should be continuously pursued at every level of the school organization, across vertical and horizontal boundaries, to link significant individuals who can affect the intervention programs and help to solve appropriate problems.

5. Data should be obtained and organized during all consulting activities to develop a continuous feedback of information to keep the consultant focused on the main objective of the contractual arrangements.

By combining principles derived from public health and child development, and with awareness of the need to integrate variables from educational, psychological, social, and health areas, the consultant is able to define more clearly his area of expertise and intervention. This definition helps him to organize his consulting activities within the matrix of the school's organization and structure where the bio-psychosocial needs of children arise. The consultant must be aware of those individual and programmatic educational resources which are available to the consultee to modify the patterns of maladaptive and dysfunctional behavior in the child's non-learning activities. This objective is focal to all consulting programs. What needs to be conceptualized is the strategy of intervention that incorporates the procedures for approaching the child in the social context of the school.

Consultation based on this framework is directed toward intervening at the leverage area where both the system and individuals interacting within this environment can be mobilized, that is, the most flexible points can be found. We need to study the child, the school setting, and the interaction between the child and the educator. We need to recognize that the individual child or educator influences the context of the setting and, in turn, is influenced by the system's forces which are constantly feeding back into the recurring sequences of interaction. This broader focus, which incorporates resources in the environment affecting the individuals in the school setting, offers a greater flexibility for and enhances the possibility of consultation intervention, making us aware constantly of the ever recurring changes affecting the climate of the school.

The stance of the consultant in this conceptual position opens up two important areas for discussion: (a) the question of differing value systems in professional background and training between mental health professionals and educators; and (b) the range and depth of the consultant's responsibility to participate in problem-solving activities.

What are the possibilities for professionals with different training and differing objectives and techniques to collaborate and integrate their approaches? Table 1 delineates characteristics of educators and mental health professionals. The comparison indicates that some of the variables block communication and prevent identification of areas of collaboration and conceptual overlap.

The range of successful collaboration between these two groups of professionals varies in degree and feasibility. However, if both educator and mental health consultant can focus on the supraordinate goal of contributing simultaneously to the child's intellectual mastery and personality development, the potential for successful collaboration increases. The most productive context for attaining this goal is

Table 1

Comparison of Education and Mental Health Professionals on Specific Variables

	Educator	*Mental Health Professional*
Goals	To transmit knowledge and skills by educating	To "cure," to strengthen ego function through strengthening coping ability
Focus	On groups	On an individual child or educational programs
Techniques	Intellectual	Psychological, and social
Communication	Cognitive, intellectual	Psychological, emotional
Professional-child relationship	Traditional, distant	Individualistic, intimate
Time spent with child	4-6 hours/day 5 days/week	1 hour/day 1-5 times/week
Administrative structure	Hierarchical	Independent (occasional-supervisory)
Accountability	High	Low
Approach	Preplanned, program oriented	Spontaneous, child oriented
Social status	Varied	High
Pay	Varied	High
Source of personal satisfaction as a professional	Child's productivity; achievement; competence; intellectual power	Child's well-being; personality; development; ego strength; self-understanding; self-esteem

to help the child achieve ego mastery, develop coping mechanisms, strengthen areas of self-control, develop a sense of self-confidence, and learn about effective and ineffective behavior. Thus, intervention should be structured to sustain the child in his reactions to developmental stages or situations, and appropriate teaching approaches should be developed to enhance self-esteem and self-value in the child. Again, it is important to develop techniques that will produce these effects as the final objective of the educator-mental health professional interaction; the intervention strategies may range from activities directly related to the child, direct participation in teacher training, to participation as a program planner in a school system.

The consultant must ascertain the range and degree of assumed responsibility that appears to be appropriate for the task at hand. In public mental health programs in the schools, the level of responsibility at which mental health professionals function varies with the professional's personality and philosophical approach, his skills and knowledge, and the opportunities presented to him in a school setting. As a collaborative co-professional, the mental health professional may be a consultant who offers expertise upon request but is not involved on a continuous basis in the work of the school, or one who participates more actively on a regular basis in long-range planning, accepting and assuming additional responsibilities when pertinent issues fall within his area of expertise. The decisions on the kind of consultant he will be and his ability to match his resources to the needs of the school depend on a number of variables (some of which have been presented at the beginning of this paper) and on the objectives which the consultee presents in his interactions with the consultant.

The role of co-professional collaborator as viewed by the consultant must be clarified and defined for the consultee so that both agree on the stance taken by the consultant. It should be clear to both that the consultation activities, no matter how minor, will have ripple effects on the total system; they cannot be confined to one meeting or one individual interaction. Progressive consulting interaction will set up social forces within the system of constantly recurring sequences which, in turn, will lead to feedback changes in information, attitudes and ways of perceiving the consultation activities. These changes will affect responses in other parts of the system; in turn, the responses will contribute significantly to shaping the future characteristics expected of the consultation. When intervening again with groups of students and educators or in critical systems activities, the expected consultation may be broadened by the expectations.

Developing a Conceptual Frame of Consultation

Models of consultation must be designed to fit the objectives of the school program, that is, to fit the expressed needs of the consultee organization which are identified as belonging to a specific and unique school district. In Table 2, 13 variables are presented as examples of the type of data which must be taken into consideration to develop specific approaches and adapt them to the particulars of the school.

The qualities of these variables which define a school building, for

Table 2

Co-Professional Collaborative Function in the Schools: An Acronym to Identify Areas of Mutual Interest to Educators and Mental Health Professionals

	Analysis	Objective	Activity
S	Staff characteristics		
C	Controlling issues		
H	Highest priorities		
O	Obstacles (concrete, conceptual)		
O	Operational modalities		
L	Legitimization process		
C	Communications		
H	Human values		
A	Administrative design		
N	Needs of staff and students		
G	Gradient of change (timing)		
E	Environment (physical, psychological)		
S	Support (funding, social)		

Example: Goal: to consult with a group of teachers.

1. Analyze characteristics of school.
2. Decide on realistic objectives at each level of system for attainment of goal.
3. Develop action.

Concepts developed by Raquel E. Cohen, M.D., Associate Director, Laboratory of Community Psychiatry, Harvard Medical School.

example, must be identified, acknowledged, and used to modify the broader conceptual constructs which the consultant has developed from previous knowledge and experience. Once this concrete mapping of the specific school building is achieved, the express needs of the consultee can be incorporated into the framework of the public health model; that is, the issue can be looked at as belonging to a primary, secondary, or tertiary type of intervention. The three types are defined as follows:

Primary prevention centers on activities that tend to lower the rate of learning problems in children. It aims at reducing the incidence of new cases of malfunctioning and disability in a population. Social, psychological, and biological efforts are focused on both modifying the environment and strengthening individual capacities to cope with the situation. Examples of such activities would be efforts directed at strengthening the human environment of the school to act as a support system for the students and educators functioning within that school. It also encompasses efforts to incorporate into the curriculum areas of social sciences that educate children to understand themselves better, or efforts to achieve successful integration of multiethnic student and teacher groups.

Secondary prevention aims at reducing the duration of malfunctioning behavior which inevitably occurs as part of learning, socialization, and coping problems. By shortening the duration of existing problems, the number of children suffering from the consequences of learning and behavior disturbances is reduced. This reduction can be accomplished by organizing a system network that rapidly identifies potential problems, develops a methodology for diagnosis, and promulgates remedial services and specific educational programs in a systematic and rapid approach. In this way, the problems presented by children are detected early and dealt with efficiently and effectively by the collaborative efforts of educators and clinicians.

Tertiary prevention aims at reducing the residual defect and chronic aftermath of children who have physical or psychological problems affecting their learning. It seeks to insure that the children whose difficulties have been diagnosed will be hampered as little as possible by them and they will be able to function in the occupational, educational, and social activities of the school. The latter will have a sensitive, administrative, educational design to meet the children's special needs.

These definitions allow the systematic organization of interventions into categories according to objectives. On the basis of these categories, specific modalities of consultation intervention to achieve the objectives can be identified and the appropriate management approach can be selected in each category to solve the problem presented by the consultee. Table 3 includes a list of guiding objectives to distinguish the three types of programs.

Administrative Organization

The organizational structures within the school that need development to reach the aim of consultation should be based on the specific

Table 3

Consultant and Educational Functions in Schools

	CLASSROOM	BUILDING	SYSTEM
PRIMARY	Introduce human relations concepts into daily activities Curriculum	Educators' Attitudes Educators' Knowledge Administration Design Organizational Issues Physical Design	Curriculum Support Systems Administration Design Organizational Issues Use of Technology
SECONDARY	Early case findings Case-centered and consultee-centered activities	Development of multidisciplinary teams—evaluation and appropriate educational program Linking to diagnostic and therapeutic programs in the community	Training programs for multidisciplinary teams Administrative programs to develop support for children with disabilities Linking to HEW agencies
TERTIARY	Case-centered and consultee-centered activities Specialized programs for disabilities	Programmatic Design Physical Design for handicapped child Administration of special programs	Training educators for children with disabilities Vocational Programs Rehabilitation Programs

Concepts developed by Raquel E. Cohen, M.D., Associate Director, Laboratory of Community Psychiatry, Harvard Medical School.

set of conditions which are necessary for the delivery of consulting services. These factors must be identified through the systematic use of acquired information. The questions that should be addressed as the consultant learns about the system are as follows: What type of data should be given value? How are the data obtained? How are the meaningful facts sifted from trivia? How are the facts organized and integrated to recognize guiding patterns of consultation? The answers to these questions are at the heart of the art of consultation. Information must be organized in a systematic and meaningful pattern, keeping in mind the relation between the facts coming from the system-matrix and the problem presented by the consultee. Interrelational and intrapsychological data obtained from teachers and children are part of the facts. A necessary process is to ascertain the salience and feasibility of the consultee's potential intervention within the system as (s)he deals with either children who are presenting problems or broader educational program activities. This contribution, in turn, must be balanced with the amount of resources which are available to the consultee and the timing and appropriateness of the activities and interventions within the school.

In this quest, there is a need to select the series of steps that appear most practical and appropriate and to institute them in relation to priorities in the expenditure of time, energy, and types of professional skills within the particular school. The sequence of interventions and the identification of the way in which a plan will be processed must be set within the frame and organization of the school. This area is one that many mental health consultants often omit from their planning; they expect the organization to adapt to a well-conceived approach to problem solving instead of adapting the problem-solving activities to the basic organization of the school system. Although a range of adaptations can be expected to be exceeded by the social system of a school, this flexibility must be ascertained in order to ensure that the system will not be taxed with impossible adaptational tasks in too short a time and in relation to other components of the school system. This factor is one of the keys to consulting success. It is predicated on the consultant's awareness of the total systemic strength and flexibility as the problem solving is carried on around one child, one classroom, one building, or a total busing program to integrate racially diverse groupings.

Consideration must be given at this point to the variety of educators' tasks and roles as they affect consultation. Obviously, educators in different roles will have different approaches to consultation. Indeed, the role of the educator is linked to the type of problem that he brings to the consultant. Administrators, for example, are concerned with broader issues than the school teacher or school psychologist. One of the broad areas of interaction with specialized school personnel appears when the mental health consultant works with a school's special services personnel. Because these persons are partly identified with the mental health field in which the consultants are considered to be experts, an area of vaguely defined overlapping responsibilities appears. This gray area can result in poor communication, lack of trust and defensiveness, manipulative behavior, and conflicting goals and priorities. The final effect will appear as vague inputs, confused tasks, and erratic feedback from the similarly identified personnel.

Depending on the complexity of the issues presented to the consultant for problem-solving operations, the groupings necessary to achieve solutions will incorporate many of the different professionals participating in school activities. The consultant must be knowledgeable about and able to clarify in his mind the roles, responsibilities, and power of each of these professionals. He will find it useful to design the approaches of his intervention on the basis of his knowledge of the systemic organization, the objectives of the program in terms of primary, secondary, or tertiary types of intervention, and the issues of inter- and intrapersonal relationships, as manifested by the individuals with whom he must work collaboratively.

Operational and Management Activities of a Consultant

The types of interactions and behavior patterns at the consultant's disposal fall within a range of activities which can be subsumed under the term "systems intervention." Today, we can identify differing objectives in the educational system that necessitate different skills, strategies, and functions according to the specific processes which are necessary for problem solving. The following functions are examples of the technical interventions which are available to the consultant:

1. *Problem-centered and consultee-centered consultation.* When the educator asks for consultation because he is having difficulty with some current work problem which he decides is within the province of the mental health professional's expertise, he will present the problem as the objective of the consulting interaction. The consultant should remember that he must go through the same multilevel process and sequential action steps (as when he is entering a system) to establish the relationships and develop a basic trust in the collaborative activity. Different categories of consultation between mental health professionals and administrators, special services staff, and teachers have been defined by many descriptive terms according to different writers.

Distinctions are made by Caplan (1970), primarily on the basis of whether the focus of concern is on an individual case or on an administrative problem concerning a special program or policy. He also distinguished between those cases in which the consultant's primary task is to address himself, on the basis of his specialized knowledge, to helping the consultee to find the solution to the problem himself.

2. *Collaboration.* Collaboration refers to the process by which the mental health professional actively helps the educator by assuming part of the responsibility for dealing with the problem in the educational system. It enables the mental health consultant not only to intervene in the school system on a conceptual basis, but also to participate in implementing a program. The consultant shares the responsibility for conjointly resolving problem situations; he and the educator work together in an integrated approach using the means that are appropriate to the professional training and role of each. The consultant, for example, may sit in the classroom and participate in some activities. He may take part in group sessions with children and teachers or with a family group (the child and his parents) in an administrator's office. He may be part of a team planning an intervention in a crisis situation brought about by confrontation between two groups of racially differing children. He may join parents who are interested in changing some curriculum content. In these collaborative situations, both educators and mental health professionals are in continuous direct interaction with the individuals who are part of the problem and the solution; and both contribute to the actual intervention program.

As a collaborator, the consultant accepts direct responsibility for a share of determining the action that will be taken, depending on the needs of the situation, group, or educators. In this type of working relationship between professionals, the differences between mental health consultants' and educators' value systems and goals tend to emerge very clearly. Many of the mental health professional's activities are very specialized in nature, and, at times, have no direct relation to the school situation. However, his activities must be undertaken and adapted in conjunction with what is going on in the schools; he should understand that he is more likely to enhance a supportive program if he holds in mind clearly the specific needs of the school system as the focal reason for his intervention. If, in addition to participating in the consultation, the mental health professional is sharing responsibilities for a program, and if his expectations for change are not being met, hostility may develop between the professionals. It is important that the mental health professional's sense of a problem's solution be realistic. If he finds that his frustration and anxiety interfere with his ability to act as a collaborative ally, he should seek consultation for himself.

3. *Coordination.* The consultant's efforts to cross boundaries to link the departments or individuals who are involved in educational and supportive school programs, come under the heading of coordination. An example of working with administrators who are responsible for broader groups of subsystems than a specific teacher or psychologist occurs when children need special programs that clash with the school's policy and tradition; in working out individual arrangements, an understanding of the relation between subsystems enables the consultant to decide on a feasible program. By capitalizing on his awareness of the interdependency of subunits in a school, the consultant is able to guide the efforts of the educator to produce an efficient use of school manpower.

4. *Liaison.* Liaison activities are subsumed under the consultant's approaches to coordinating the parts of a comprehensive program and providing follow-up through the health, welfare, and educational system outside the school boundaries. These liaison techniques are especially relevant for low socioeconomic groups with varied needs which usually are not met by the compartmentalized, fragmentary, and discontinuous network of services in urban communities. The necessity of establishing connections among these services to enhance the school's educational approaches and activities has become more meaningful as human services concepts emerge in our communities.

The consultant who is knowledgeable about the mental health resources, outpatient centers, welfare agencies, recreational centers, offices of community legal services, and the courts can use many of these components to support specific educational programs. This territory is a new one for many consultants in the schools but, since many problems evidently involve some such outside agencies, the variety of agency resources can be valuable in finding solutions to educational problem-solving activities. Knowledge of these agencies also allows the consultant to develop the possibility of enhancing the school's potential as a human services center for deprived and vulnerable children. Thus, to the mental health professional, the school may be the focus for his efforts but he sees the school as part of the network which influences the child's total milieu. This broad approach offers more range for solutions than if the problem is considered to concern only one subsystem. If the consultant can inform school personnel about services which are available in the community, they can promote the involvement of school people and parent groups in community planning, particularly when such planning is concerned with mental health needs. The hope is that a school's active participation in community affairs will come to be respected and requested, contributing, as it can, the valuable dimension to the many programs needed for child care.

Conclusions

Pluralistic mental health programs in the schools will continue to emerge as community mental health programs are increased in scope. With the passage of the Community Mental Health Act of 1974, school consultation emerges as a vital focus for the implementation of new methods of intervention. Some of the new areas from the behavioral sciences which should be incorporated in the classical framework of school intervention are systems theory, learning theory, and communication techniques.

A collaborative co-professional model has been presented as one approach to achieving an integrated and effective program. The model tries to pull together areas of knowledge with the potential to enrich our understanding of the complex functioning of human beings in social systems. The consultant's continual awareness and self-consciousness plus his perceptions of the social system allow him to function more meaningfully in the collaborative venture. The linkage of his experiences and knowledge to those of educators should result in a richer and more successful educational experience for our children.

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Discussion

Egner: I think that your emphasis, in the beginning, of the differences between the goals of mental health people and educators illustrates one of the major problems that Deno had with Brad and Ms. E. In our Vermont experience, the same thing is true, I think. Our consultees feel uncomfortable in defining instructional objectives in the areas of interpersonal relationships, psychological growth, and social interaction, which have never been specified publicly as a "curriculum." This is now one of the biggest challenges that we face.

Cohen: Right. It is a very serious block. First of all, it is an impossible task to develop empathy with somebody who you think does not have your value system for the benefit of the child. You've got to be able to have some sense that this person and you are on the same wave length. This is the training which has been given to clinicians and which makes them so unsuccessful, that is, there are more unsuccessful than successful experiences for clinicians in schools, and I think that this is one serious flaw in our training, as far as school consultation is concerned.

Young: Dr. Cohen, you mentioned before that you felt that about 60 percent of the cases which were referred to you were related to learning problems within the school. With that figure in mind, how do you feel about mainstreaming, or integrating special education children with the rest of the population? Do you think that integration will increase or decrease the percentage of cases related to learning?

Cohen: There are two sides to the mainstreaming discussion as it is going on in Boston. Parents are very angry at the thought of their children being mainstreamed. I found out in the clinic that a large percentage of children had undiagnosed disabilities, so that the problem was not the educators'. It was, in fact, that the system had not developed a diagnostic ability to understand these children. Now, my hope is that with mainstreaming there will come, first, this sophistication in diagnosis, and second, the resources for the disabled child which the educator needs. Educators cannot work alone. They need the paraprofessional. They need some neurological help. They need medication sometimes. My hope is that mainstreaming will be coupled with increased resources which will back up educators. As educators, your sophistication on individualized education, as compared to ten years ago, has increased. So, my hope is that in 1974, we will not find 60 percent of the children with problems.

Question: At the end, Dr. Cohen, you were describing case-centered consultation and consultee-centered consultation as alternatives, and it occurs to me that in both instances, we, as child development personnel and psychologists, do not have the knowledge yet to say whether learning problems are the effect of emotional problems, but that we *do* have a model that interacts. We know that learning disabled kids, usually, are also emotionally disturbed, and vice versa. We know that we can't deal with a child without also dealing with the paranoid teacher and, in effect, the total environment in which both operate. I'm wondering whether we need to choose one or the other of these models to say, "Learning disabilities are the source of emotional disturbance." Aren't we in a much richer position as consultants if we can really deal with the interactions?

Cohen: I agree with all your statements. The point that I want to make is that emotional disturbance is very closely related to low self-esteem, and low self-esteem is very closely related to failure. So the premise with which I start is that if you have a child with a neurological impairment, deafness, or a physical or psychological problem, and if in our school system we provide him with a hoop he cannot jump through so that he falls flat on his face every single day and everybody teases him all the time, I assume that that child's emotional components have been aggravated. In all the years I have worked with children with difficulties, that assumption has been my basis.

Comment: Your assumption ties together the three components—the congenital, the genetic inheritance, and the learning history since day one—which we were talking about.

Cohen: If we could work with every piece of that system and do something about it we could take the world. But you must say to yourself, "What piece of this mess can I help with?" You are choosing. Occasionally, you have to choose the paranoid teacher as the child keeps on failing. This choice is very practical when you are faced with the real world day in and day out. You've got to make some tough choices as a consultant. I will be honest with you. I find consultation a very difficult process—a *very* difficult process. Anybody who thinks consultation is something you just do has not lived through this very painful human situation in which you have to take some stand to add a little piece to the well-being of student or teacher or principal.

Developmental Consultation

Faust raises the important question of whether it does any good to attempt to intervene at a time when problems are already in evidence or are imminent. Recognizing the extent of individual and social disorganization, he suggests that psychologists and others who are concerned focus their energies in what has been called primary prevention. That is, there should be direct attempts to build human environments that are humane and which can directly meet the needs of the individuals living within these environments. Since human environments are made up of people the consultant must work toward the building of humane people as people rather than to be concerned with what they can produce. His concerns seem to be very different from those of the presenters of the Vermont and Houston papers in that he is less concerned about school achievement than he is with how students, teachers and others in the schools feel about themselves. Since the focus is on self-esteem, the consultant himself must act in humane ways that communicate respect and trust of the persons with whom he works. These attitudinal characteristics of the consultant appear to be the crucial elements of his system. The consultant's main task is to work toward the identification of the universals of humanity, which when engendered in human environments will result in the development of humane individuals.

Developmental Consultation in School Settings

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The American school system is the single largest enterprise in the country. About one-third of the population is involved in this system at any one time, either as students, administrators, teachers, or suppliers of other services. The total yearly cost is more than $90 million and rising. Not surprisingly, many taxpayers are concerned about the effectiveness of the schools and the increasing costs of what is happening—or supposed to happen—in the educational process. Since the schools, like every cultural institution, reflect the society in which we live, perhaps the concern should be addressed more directly to the society. How effectively does society meet the needs of individuals and what is the human cost of living in this society?

The answers to both questions are negatives. The first part of this paper presents a great deal of data to substantiate the toll that our society takes in wasted and sick lives. This is not to say that our society has no interest in its deviant members but, rather, that the form the interest takes is conducive to compounding the waste. Ours is a society that reacts to individual crises, sometimes very generously, but does little to eliminate the stressful conditions that produce the crises.

Thus, the second part of this paper discusses the inadequacies of forms of consultation that focus on crises and propounds, in section three, developmental consultation as the way to eliminate the creation of personal crises. Since schools are the most pervasive influence, outside of the home and community, in the lives of those people who are associated with them, they are the most suitable institution for establishing developmental consultation as a means to influence the rest of society.

The Sickness in our Midst

If the stability and mental health of a nation is reflected in the statistics of crime and emotional illness, then the United States as a whole shows considerable instability and sickness.

Deviant Adults

1. Today's society of adults, who yesterday were infants and children themselves, murder about 2500 babies yearly. They batter other infants so severely that about 7500 are brought in for hospital treatment each year; unknown thousands more are kept from treatment because the parents fear legal intervention.

2. The National Crime Commission estimated that 400,000 adults were behind bars during the late 1960's (Stolley, 1967), but the figure has risen to closer to one-half million today. A million more persons must check regularly with their parole or probation officers. At any one time, 3 million persons in America have been convicted of crimes against society, yet 90 percent of the persons who are arrested for crimes never come to trial. In an estimated 6 million other cases, people are hurt and property is damaged or stolen but the perpetrators of the crimes are not apprehended.

3. One out of every 10 persons in the United States has been, is, or will be in a mental hospital setting. Over half of the hospital beds in the United States are occupied by patients with mental disorders. In Canada, mental disease disables more people than all other diseases combined, "Thirty percent of the population of any community has suffered from definite illness with at least a temporary disability" (Nevison, 1969, p. 54), and 12 out of every 100 persons spend time in mental hospitals (Nevison, 1969).

4. A study by the American Psychological Association (1968, p. 3) found that 26 out of every 100 adults surveyed took some sort of medication (e.g., tranquilizers) to deal with painful feelings.

5. Physicians in private, general practices agree that half of the patients entering their offices with actual physical diseases or conditions requiring surgery would not suffer from the disease or need the surgery if it were not for negative feelings about themselves.

6. National Safety Council studies indicate that 66 out of every 100 automobile accidents are "accidents" in name only; drivers use the vehicles as weapons or other extensions of their neurotic or grossly immature personalities to strike out at themselves or others. In one study, 80 percent of the people hospitalized for accidents were found to be accident prone (Englebardt, 1969). "All showed symptoms of deep emotional conflict . . . a clear pattern of suppressed anger. Lacking an outlet for many emotions, they used self-destructive accidents as a means of expressing hostility, of getting care and attention . . ." (p. 147).

7. Grossly immature and neurotic personality structures create sufficient personal pain to lead several million people in the United

States to alcoholism. Many millions more are problem drinkers.

8. Well over a million man-years are lost to the labor force each year because of emotional pain. Roughly $4 billion in earnings are lost each year by people suffering from emotional conflicts and the loss of federal tax money is more than a half-billion dollars yearly.

9. In World War II, 38% of the 1,846,000 individuals who were rejected before induction into the armed services were judged to be afflicted with emotional difficulties. And 46 of every 100 persons discharged from the military service after induction were rejected for neuropsychiatric reasons.

10. World War II manpower loss due to mental disorders amounted to 2½ million persons (or 177 army infantry divisions—about as many men as were sent to the South Pacific theater of war).

Self-destructive and other-person-destructive behaviors are not limited to a special kind or segment of the population. A study by the National Crime Commission of a sample of 1700 "ordinary" people found that 91 of each 100 confessed to the interviewers that they had committed acts for which, had they been apprehended, they would have been locked behind bars (Stolley, 1967). It has been estimated that 90 percent of the police calls in any week have nothing to do with criminals and crimes; they are from people—usually in families—who cannot get along with one another (Stolley, 1967) because painful conflicts, rage, fear, and despair reign over their lives, and the only action they can take is to call on police officers for help.

Troubled Children

This gloomy picture is not confined to the adult population. Even more depressing are the many statistics which show that our young people are already leading lives of unhappiness and despair.

Academic failure. Drucker (1969) noted that the Armed Forces Qualifying Tests are failed by one of every four men because they cannot read an elementary passage, write a simple sentence, or add a basic sum. The failure to read is more critical among minority group youngsters. In New York City, for example, 85 of every 100 black and Puerto Rican students at the high-school entrance age are functionally illiterate (Stein, 1971).

The schools of America lose one of every three students between the seventh grade and graduation from high school. One must ask, What is going on between students and teachers?

General affective sickness. Among all the children, adolescents, and young people under the age of 25, 10 million need some interactions with mental health workers (Joint Commission on Mental

Health of Children, 1970). The report of the Joint Commission noted other findings, including these of the National Institute of Mental Health:

1. Nearly 1½ million children below the age of 18 need psychiatric treatment.

2. In addition, approximately 10 of every 100 children have emotional problems sufficiently severe to require help from psychological specialists.

Glidewell and Swallow (1968) reported to the Joint Commission that 20 of every 100 children have subclinical problems which—at the minimum—can be called mild. And based on 1969 predictions, more than 50,000 children are in state and county mental institutions now. (Some of these children are locked in with adult patients.) One of each four children admitted will spend 50 years of his life locked away from society, denied his rights as a fully functioning human being.

Affective Wasteland: Self-destruction: By the age of 15, in general, while they are living with their families and attending schools, young people have established their self-identities. For many, the self-identification must be very negative because between 15 to 19 years of age, great numbers of teen-agers destroy themselves in one way or another. Some eliminate themselves altogether from the face of the earth; indeed, in this age group suicide is the third leading cause of death (Blanchard, 1971). Among college students, suicide is the second leading cause of death. Again, the question must be asked: What happens in the environments of children and youth during their first 19 years to cause them to live in great pain, human ineffectiveness, and self-destructive patterns?

Rage Inside Youth. The Joint Commission (1970) reported that by age 19, approximately 11 of each 100 children appear in juvenile courts. (Many more, especially the young of affluent families, are never brought before a court.) Further, the Commission noted, a recent study found that individuals under 18 years of age commit 24 of every 100 forcible rapes, 52 of every 100 burglaries, 45 of every 100 larcenies, and 61 of every 100 auto thefts. Also, 90 of every 100 male blacks under the age of 18 who are arrested are charged with crimes greater than that of stealing automobiles.

The U.S. Senate Subcommittee on Employment, Manpower, and Poverty (1967) reported that 100,000 children can be found locked in adult prisons in this country. "More 15-year-olds are arrested today than any other age group; 16-year-olds are a close second" (Stolley, 1967, p. 24).

Data could be reported here on countless other disorders (psychosomatic illnesses, learning failure, narcotic addiction, etc.) that reflect a society living with crippling anxiety, fear, and conflict. Clinical, remedial approaches have made a significant difference for only a relatively small number of the people needing help because far too few professionally trained persons are available to meet the human crises of America. Indeed, the cost of training a sufficient number to deal with all the personal crises would be prohibitive, even in a nation that possesses much of the world's wealth.

Attempts to Help a Nation In Trouble and Pain

Almost 10,000,000 identified young persons under the age of 25 need help from mental health workers (Joint Commission, 1970). However, when all facets of personal ineffectiveness are examined (including learning disorders, accidents, murder, suicide, psychosomatic disorders, alcoholism, family pain requiring calls for police officers, etc.), *hardly any of the over 200 million Americans escapes the need of mental health workers.* What are the chances of a person in need of help being able to consult with a mental health worker? What are the possibilities of a person in need of facilities of any kind being successful in finding them?

The U.S. Senate Subcommittee on Employment, Manpower, and Poverty (1967) reported that within the past ten years one survey revealed that extreme overloading of training schools meant that most youngsters were discharged long before significant learning or change had occurred. As a result, they repeated their antisocial, self-destructive behavior. The overcrowded condition of these schools also means that more than 100,000 children are imprisoned with adult criminals.

These overcrowded "training" schools cost more than $150 million a year to operate. Hardly any of the money is used for treatment or learning new, self-facilitative behavior. The cost is almost entirely for custodial care for children who cannot live effectively in society.

Although the results of training schools in terms of learning new successful behaviors would have to be evaluated as a failure, state and local governments act otherwise. As recently as 1967, there were plans to increase these monuments to failure by 42 percent within an eight-year period (Joint Commission, 1970).

The Joint Commission also noted that:

1. One-third of the nation's juvenile courts have no caseworker or probation officer. Eighty-three percent are without regular access to psychologists and psychiatrists for treating disturbed young offenders of society.

2. Where offenders have access to psychological services, it is

almost totally for diagnostic services without treatment opportunities for change.

3. Foster home care is scarce. Only 10 of 100 court agencies for children studied offered group home-care settings.

The Joint Commission (1970, p. 274) has indicated that if the seriously disturbed children of the nation were to receive treatment, "9000 child psychiatrists (six times the present number), 9000 psychologists (more than the entire number of clinical psychologists), 18,000 social workers, and 27,000 psychiatric nurses" would have to be called into service. The total yearly cost would be $6½ billion.

The above figures are based on one-half of one percent of youngsters under age 20. When accurate figures are gathered from the ghettos and other human wastelands of America, the statistics are quadrupled.

Reflecting upon the data cited, the Joint Commission (1970, p. 274) noted that "the resulting figures are staggering. The problem of residential and intensive day care for severely disturbed children simply cannot be solved the way we are trying to solve it." The above figures refer only to obviously and highly disturbed children. They completely ignore all of those persons who, though not in need of hospitalization, are impaired, crippled learners, unable to function effectively in schools, families, and society, living in pain and waste, and, in whatever disguises, are self-destructive and other-destructive oriented. Obviously, current ways of dealing with the problems have not been successful.

What Is Happening, America?

Anyone probably can find himself, a family member, or friend somewhere in the above data. If these figures represent American life, the questions we must ask are, What happened to the children of yesterday's America in their schools, homes, and communities to make them a society represented by such data? What is happening to our children today? What is going on between them and the important others in their lives, as they grow, learn, and become a part of the larger society? More importantly, what can we do for our children to make tomorrow's society a fully effective and healthy one?

In searching for answers, the inclination is to turn in the direction of consultants—specialists in human behavior—for help. For years, school personnel have solicited consultants of all kinds: psychologists, psychiatrists, social workers, counselors, special education personnel and curriculum experts. Yet, the figures cited here continue to reflect the sorry status of our nation and schools. We must begin to wonder:

Can consultants be significantly helpful? If the answer is "yes," then certainly a new approach to consulting is needed in schools. What consultants have been doing in the past generally has not been successful. Our historical investment in crisis, intervention, and prevention consultations must be reduced to a much lesser position in the schools because they have been ineffective. Instead, we must emphasize developmental consultation.

Traditional Consultation

Consultation is a process during which two or more people—consultant(s) and consultee(s)—try to effect change in the environment of the consultee(s). The change can be an alteration in people relationships, objects, institutions, events, or ideas. No direct effort is made to influence the deeper, personal dynamics of the consultee. The process centers on units or facets of behavior or on interactions with something in the consultee's environment. Although the consultee's self cannot be avoided (for it is he who is in consultation) the focal point is his concern about the environment in which he lives or works, rather than himself.

As a problem-solving process, consultation can be applied to any of the wide range of difficulties that might be experienced by the consultee. At one end of the continuum, the problem may be merely a need to work through some ideas, to think aloud with someone. The objective might be to "get a new handle on things," or simply "reconfirming what I already believe in or am doing." But there is still an implied need for the consultee to change from doubts or wondering. He is seeking a more affirmative position. At the other end of the continuum is a severe problem, a major crisis needing immediate work.

Forms of Consultation

Most consultation today is practiced at the crisis end of the continuum but in three different forms: crisis, intervention, and prevention (V. Faust, 1968a, 1968b, 1968c). The focus is on undoing, intervening, or preventing.

In *crisis* consultation the consultee finds himself in the midst of a current crisis. It may be his own, that of someone else, or that of an institution he represents. Either directly or indirectly, the crisis is an immediate threat. The actual circumstances, of course, are different in each case. The consultee may be a teacher who has lost control of his students; or the problem may be caused by a severely disturbed student whose acting out behavior is disrupting the rest of the class.

A crisis in an institution may occur when faculty members have sharply divided loyalties, or when students press their demands militantly, or when communication between faculty and students or among faculty members has broken down. No matter what the circumstances, the crisis is immediate and the consultee has an urgent need for a solution.

Intervention consultation focuses on events which are underway but not yet at a crisis point. The consultee, anticipating the problem, hopes that intervention will prevent a full eruption of the crisis. For example, aware that a student's parent is dying, a teacher may seek consultation to help the child react to the death in a way that will not impair his and his classmates' behaviors. Intervention consultation might also be used by a pregnant teacher with a strong affective and effective relationship with her students to prepare them for her departure in mid-year and lessen their anticipated feelings of rejection or abandonment before a full-fledged reaction begins.

When the consultee seeks approaches that will prevent a crisis from developing, although none is in progress or even imminent, he is using *prevention* consultation. The intention is to focus on possible future behaviors and, therefore, on the exploration of ways to prevent negative events from happening. Although prevention consultation has dimensions which are notable in intent, because the frame of reference is on preventing something, the process is basically negative. In fact, all three kinds of consultation, however positive their purposes, focus attention more on negatives, impairments, disabilities, and problems. Their approach is more clinical than normative.

Teachers in a summer workshop, for example, may hope to discover, through consultation, how to prevent discipline problems such as the impulsive, acting out, aggressive child; the withdrawn passive child; and the child with separation anxiety who is fearful of leaving his parent and staying in school. The aim of consultation, of course, it to learn how to prevent such difficulties from arising. But the consultation revolves around largely negative behaviors; that is, around problems to be prevented. The inner turmoil and the meaning of such disruptive crippling behaviors are explored only in terms of how teachers may learn to establish relationships or learning climates to prevent them. These consultations ignore the positive characteristics of children's development.

A negative frame of reference limits observations and insights. Often, the normative, developmental behaviors of all individuals—what all of us require for nurturance and growth—are missed. "What should be avoided" blocks out exploration of "what should be included in the relationship or environment." Research by S. Faust (1974) indicates that the kind of frame of reference given to individuals can have a critical impact on their behaviors. Studies of achievement following Rosenthal and Jacobson's (1968) original work on teacher expectations also indicated that words used to establish a frame of reference can have significant effects upon behavior. In the consultation approaches in this paper, the term "prevention" establishes a frame of reference that restricts the consultee from positive orientations. Only developmental consultation provides the focus to see the universal needs of people.

Developmental Consultation: A New Form

Developmental consultation is a process in which the focus is on the universal, normative nature of people and the significance of this nature in the life and work settings of individuals. It answers such questions as, "What are the needs, the requirements of the individual for functioning fully as a human being?" The frame of reference is discovering what the person is like; what he requires for effective functioning in human relationships. There is no direct effort to remediate, cure, undo, intervene, or prevent. The developmental consultant is not a clinician, remediator, intervener, or preventer. He searches, instead, for the universals in human behavior, and provides for their requirements. Developmental consultation focuses on what makes people tick, on how they learn or change in facilitating ways. It also takes the next step: to devise learning environments and ways of behavior which, generally, emerge out of decisions that are based on the universal nature of humankind.

The following two sections outline briefly some of the principles of individual development on which developmental consultation is founded. A key concept is self-esteem.

The Young Have Many Parents

Most observers would agree that the family is the most critical influence in the formation of the child's personal characteristics. It is the parents, first of all, who are responsible for changing the unknowing child into a social being. As part of this effort, parents have brought teachers into a partnership to make the change process work.

Thus, each child has many "parents." Those persons who spend their lives in physical proximity to the child (not always the biological parents) are his primary parents. Beyond these are other parent-figures—persons with a certain degree of authority over the child's life who behave in teaching kinds of ways. In fact, the child will respond unknowingly to parent-figures (school teachers and principals, policeman on the corner, etc.) as if they were his primary parents.

By sheer virtue of the day-after-day, year-in-year-out relationships between young people and teachers in school settings, teachers have almost as much importance as parents in shaping the lives of children and adolescents.

Reflections from People-Mirrors

The infant, child, and adolescent learn who they are through feedback given to them as they relate to other people. The child behaves in one way, people respond, and the child discovers how his behavior affects others. More important, the responses convey messages about himself. He learns what kind of person other people think he is and he acts accordingly.

It is as if the world were furnished with mirrors—people-mirrors. The individual behaves, and his behavior stimulates the people around him. He perceives himself in the reflections of people's responses to him. In this way he discovers that he is a separate entity. He exists as someone separate from the rest of the world.

Lock a very young child in a room; pass his food to him through a trapdoor; deprive him of people-mirrors to peer into; and he will remain less than human. Even in later years, he may never develop a full sense of self, never become fully human. The individual becomes human, becomes a person, indeed becomes a *particular kind* of person, because of his exchanges with other human beings. He learns who he is from them. The quality of these exchanges makes it possible for him *to be*. So yesterday's children become today's society and today's children will become tomorrow's.

Because parents and parent-figures, particularly school teachers, have by far the most critical influence in shaping the lives of children, what happens between parent and child and between parent-figures and child determines the kind of person that the child eventually becomes. These ideas seem almost too obvious and commonplace to discuss yet, if we as a society know them to be true, we are not acting upon them.

We have examined the data that spell out the results of our teaching relationships with children. They do not present a hopeful picture. As a nation, we should mobilize our energies and resources to create a new society through today's children. It is a task as vital as being the first on the moon or Mars or mobilizing for a war with an enemy who threatens us with annihilation. Developmental consultation provides one solution.

Developmental Consultation

Just as the human organism has certain basic universal needs for healthy physical growth (e.g., clean air to breathe, clean water to drink, sleep, and food), so it also has basic universal needs for healthy personal growth. Developmental consultation stresses the universal needs of all people: average, slow, or bright; disadvantaged, affluent, or middle class; black, white, red, or yellow; disturbed or healthy. The focus is positive rather than negative as are the other consultative approaches.

Once the consultee has explored individual likenesses and their implications for action, he is ready to deal with the uniqueness—or individual differences—of persons. For example, when human behavior specialists learn to design learning climates that meet universal needs, handicapped persons can live, learn, and work with persons who are not considered handicapped. Whatever the differences between handicapped and nonhandicapped persons, they are alike in enough ways so they can live together. For this reason, special classrooms and special settings are really not necessary. More often than not, such separate environments place too much emphasis on deviancies and problems and neglect the essential universal likenesses of people. Such neglect indentures the individual to his handicap.

Every student needs to perceive himself as personally safe, esteemed, and valued in the classroom. Such perceptions elicit positive feelings which, in turn, reinforce whatever academic content is to be learned. When these requirements are not met, the relation between cognitive and affective inner environments is walled off and learning becomes less effective.

The developmental consultant does much of what universities have failed to do in teacher education: focus on the nature of humankind, what makes people tick, how people learn, and the change process. With a basis in this knowledge, one can draw implications for instruction. However, the consultant does not give merely a course or two in learning theory or child growth and development theory. He invariably goes beyond theory; he draws implications from theory for operationalizing behaviors in classrooms with students. Until teacher education in the universities begins to give teachers a sophistication about the nature of humankind as internal learning environments and teaches them to translate this knowledge into behaviors with children, developmental consultants will be needed in the schools.

Content of Developmental Consultation

I have already pointed out that developmental consultation does not focus directly on the person of the consultee nor, especially, on his deeper dynamics. What is examined are the dynamics of human behavior: the inner personal processes of humankind and the fluid, moving, changing universal characteristics of the individual.

The basic objective of developmental consultation aims at helping the consultee *develop an organized systematic conceptualization of humankind, especially in regard to how they learn or change.* These concepts are especially important if the consultee is responsible for a child's learning. The teacher who has reached the objective has a systematic view of universal needs that move people to behave as they do. Furthermore, he has made some decisions, however tentative, regarding what must be done in order to meet these needs and, thus, he is able to liberate the student for effective learning.

Teaching Behavior Emerges Rather than Borrows from the Past

Developmental consultation focuses on eliminating teacher behavior which is based on the way things have always been done or what seems to be right. Once a teacher becomes a developmentalist, he is no longer comfortable with teaching which is based on cliches such as, "I believe in individual differences"; "every child is unique and special"; and "all students deserve to become self-actualized," and so forth. Instead of borrowing from the way he was taught or emulating the way "everyone pretty much teaches," the teacher-developmentalist looks to the universal nature of the learner. What is he like inside? What is he like personally? What is he like as a self in confrontation with other people and the world in general? What does his development require so he can be liberated for effective learning? Obviously, the nature of the person as a learner determines the curriculum developmentally.

Inner Learning Environments

To become developmentalists, teachers must become aware of the inner environment of the person as a learner. The terms "affective domain" and "cognitive domain" are no longer vague abstractions to be bandied about. Rather, the so-called "domain" becomes an environment, an inner environment, which, in general ways, can be located inside the person's head. The affective environment, as well as the cognitive environment, are as real as outside environments like the atmosphere, soil, mountains, lakes, and oceans.

Through developmental consultation the teacher becomes knowledgeable about the characteristics of these inner environments and the inseparable critical relation that each has with the other. In fact, awareness of and sophistication about all the internal environments of the person become a part of the teacher's repertoire of human behavior. He looks to the universal nature of the inner person for decision making about creating learning climates, instructional methods, student evaluation, selection of subject-matter content, room topography, scheduling, staffing, and anything else that is in the curriculum.

Long-term Developmental Consultation

The complexity of human behavior as content for study and the great personal complexity of the adult personality require that developmental consultation be a long arduous experience. An inservice course or two will not suffice. The inner environments, their structures and processes, as well as the relations of each to the other, call for a long-term consultation experience, often over several years.

Change in the consultees' behavior is not immediate. The developmental consultant will discover that most consultees resist the new experiences as they begin to investigate the inner nature of behavior in relationship to people. Much of what they find inside humankind flies in the face of what they are prepared to see. Consultees are called upon to examine much of what they have spent their lives avoiding, that is, the true nature of themselves and others. The resistance period is painful for both consultee and consultant and, consequently, change (learning) occurs slowly.

Short-term Consultation

Once teachers or other consultees themselves become developmentally sophisticated in regard to the universal nature of humankind, a need for periodic short consultations may remain. Such teachers should meet with the consultant when, despite their sophistication, they find gaps in their problem-solving approaches, temporary perplexities, or a need to update themselves with current research on human behavior and teaching. The consultee also may require temporary support for his attempts to work out developmental baselines with children. At times, the consultant may become a sounding board to try out new ideas with the developmentally sophisticated teacher.

Bandaid Consultation No Longer Needed

The teacher with an organized systematic conceptualization of human behavior can refer to his own baseline of how people learn as a way of solving a curriculum problem. No longer need he run to expert consultants for answers. No longer need the consultant hand out "what to do" prescriptions; prescriptions that he long ago discovered are seldom translated for children in a really useful, helpful way. No longer does the consultant pessimistically view himself as one who copes with crises as they occur instead of being instrumental in helping people grow.

A New World for Children

The consultant knows that if he spends his time stomping out fires (*crisis*), building firelanes (*intervention*), or posting Smokey the Bear signs (*prevention*), the people of the nation will continue to live painfully and ineffectively. The country's gloomy statistics will be eliminated only when the young can walk through school doors into a new kind of world—one that most children have never known. Only when children can spend their first years—all day long, nine or ten months every year—with teachers who are aware of what they require developmentally for learning and living and who teach accordingly can we have a new, healthy world.

The consultant, whether counselor, social worker, psychologist, or other human behavior specialist, is no longer justified in complaining that he spends most of his time putting out fires. He can be liberated from this relatively unrewarding role by practicing developmental consultation. Through developmental approaches to people, the consultant can verify the integrity of his existence and the usefulness of his work. He can contribute to the welfare of society in the direction of positive change.

Crisis intervention, and prevention consultation will always be needed, however, even in the ideal society. But until human behavior specialists relegate clinical remedial roles to a lesser place in the hierarchy of services, human misery will continue much as it has. The consultant will experience little self-satisfaction in his day-to-day work setting.

Schools as Centers of Change

Were it possible—which it is not—personally and economically to provide enough mental health workers to deal with crises, the approach still warrants classification as unthinking and primitive. Permitting the world to continue on its present course of producing an impaired society is inhumane. It is not enough to deal with crises in humankind; our approach must limit crises to the smallest segment of the population possible.

Today, nearly all children and young teen-agers are playing and living on the emotional freeways of America during rush hour. And when they are psychologically mangled and mentally hemorrhaging, we pull a few of them from the traffic, hurriedly offer bandaid treatment, and send them back to the traffic. A humane society will take the young from the freeways. Children will live in nurturing environments, in schools where teachers have a professional depth and understanding of what humankind requires for healthy effective learning and development. Crisis, intervention, and prevention consultations and therapies cannot make the humane society happen. In fact, today's heavy investment in such approaches only prolongs the misery of a nation in trouble.

Each morning, America sends its millions of children off to an elaborate network of school structures and instructional personnel. Public school education is free and compulsory. The compulsion implies that children need to be changed. The charge to school personnel is to change them from persons who cannot read to individuals who *can* read; to change them into knowing, aware, educated citizens; and to prepare them to deal intelligently and responsibly in the world of work and for the demands of operating effective, social and democratic systems.

Summary

New approaches, which make it possible for school-age persons—especially the very young—to live in school environments that meet their developmental requirements, are called for. The first significant step toward building new worlds for children in schools can be taken with the re-education of teachers through developmental consultation programs. The aim is for the teacher to become, for the first time in the history of education, a professional with a sophisticated understanding of how learning or change occurs (which is what teaching is all about). With this foundation, he will be able to base his teaching-learning decisions on his own systematic explanation of how humankind learns. Rather than tradition or common sense determining his teaching behavior he will look to the universal nature of the learner for teaching decisions. And the fine nuances of instruction will be determined by the uniqueness that resides inside each persons's universal requirements.

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Discussion

Question: Dr. Faust, would you give me an example of how this developmental approach would work at some level of a system or an organization other than the teacher-child subsystem, to use Dr. Cohen's terminology, as, for example, in attempting to change the performance or structure of an organization?

Faust: I think that the approach would be to work with individuals within the organization, say the persons in the administrative structure. We've gone through the approach with sensitivity training and it hasn't worked, but take the same approach without sensitivity training: Have people explore the nature of people, what people require within the system; then, explore with each other the impact of one's behavior upon others within the system and on the system itself. Then it will be, "Johnson, your behavior has really been great." "Smith, you are really a kind of loser. I guess you'll have to face that." Rather than looking at the products or whatever, look at the requirements of the *people* in the system and the impact of their behavior on others. Get them to communicate. This is as near as I can come to an example.

Question: Your focus, then, would change? For example, when you are asking some administrator to work through some sort of new model which might enhance the performance of the organization, would your style be to work with that administrator and ask that he do something? When something is done, some ideas are generated and put on paper, and some product or model is developed by that person, would your style be not to even look at that model or try to evaluate it at its face value, but to work with that administrator and ask him to describe back to you how that model impacted on him?

Faust: Yes, at the teaching or consulting level. But there would be evaluators, for example, who have nothing to do with the consulting, teaching, or learning processes and who are going to evaluate on all kinds of levels—achievement tests, efficiency tests, or any other measurements that you might want to make. The important thing in person-centered developmental approaches is that the consultant or teacher does not evaluate products on a good-bad continuum but, rather, on an impact level. Evaluation is there but it is not performed by the person who does the teaching or consulting, and it is not on a good-bad continuum.

Question: Have you identified the universals for kids in classrooms?

Faust: The book I've just finished does that—about 400 pages worth. I'll get attacked for its purposes as it is reductionistic in its approach. Let me give you a sample: There are all kinds of needs but we've got Maslow's hierarchy. Everybody has needs systems which they think represent people. What is important for my own is that of the many kinds of needs we have; they ultimately boil down to one basic need and that is that we as persons feel that we can continue to be who we are and maintain our identity, and nobody's going to change it; and that we're okay in maintaining that identity. So it is in our classrooms. We behave this way with graduate students, too. We build a climate, an environment, in which people know that they are safe; they can continue to be who they are, they don't have to change, they are still valued, and there is nothing we can do to them.

Question: Are your graduate students graded?

Faust: No. Not only that, we don't write a typical recommendation for them—you know, "He ranks in the upper ten percent of all graduate students I've worked with . . . lots of interests and motivation . . ." and so forth. We have a particular kind of evaluation at the end. There is no way that we can help our students into a doctoral program or a job but there is no way we can keep them out. That's a hell of a program to work in, too. I lose three out of four people I employ. Take away a professor's power in grading and evaluating students and it takes an incredible amount of ego strength to continue. You've got to be put together pretty well. I could tell you real stories about what happens to learning when you strip yourself of the power over students. Our graduate students read ten books for every one that students read in programs in which they are pop-quizzed and midterm examed and final examed. The questions they ask of instructors and visiting consultants and the results out on the job are really something to behold.

Question: Is this because their psychological security needs have been attended to? Is this what you are implying?

Faust: We do a lot of things but most important, I think, is that when we free students from our power they can take off their blinders because they no longer have to rely on defensive behavior or resistance to learning. They can generate more motivation. We actually introduce our people to the internal environment, the old brain system; the new brain system appears mostly in the cognitive. You talk about cognitive and affective domains. Teachers never find out that these places actually exist inside the head.

There is actually a rage center in our heads. You can open up the head, take a piece of chalk, and touch the rage center and the individual will attack the nearest thing in a rage: even his mother or, if no one is there, a tennis ball. It's not because he's evil but because we have that built-in protective mechanism. Well, in our schools, the probe is not a piece of chalk but what is taken through the senses—our eyes and what we see and our ears—or how we are being behaved toward. The cognitive environment makes sense of and interprets this intake. If the behavior of the teacher is threatening to a student, that is, if the teacher says, "Change! Learn this or I'll down-grade you!" the cognitive environment triggers the appropriate part of the affective system, the rage center, but the student can't get mad. We've taught him that his anger is too destructive to own. He feels guilty about it or, perhaps, he's frightened of it, so he must build walls. So we have kids in classrooms with walls between the affective and cognitive fields. I'm convinced that for every unit of cognitive stuff to be learned, there must be a corresponding unit of affective response generated, and yet we build walls at every turn.

Parker: Let me change the focus here a moment. Given what, over the past few days I have called the "content" of consultation, I see your content as different from that of the people in Vermont or that of the people in Houston. Does the nature of the process of your consultation change because the content is different? Do you consult differently? Do you engage in a different kind of consultative process?

Faust: In many ways not. We don't look at products and form baseline decisions for the kinds of products that we want in the end.

Parker: Most of the questions during this conference have centered on how one *behaves* as a consultant as opposed to what one teaches as a consultant, if I may use those terms. I'm curious about how you behave as a consultant. Because of the strength of your commitment to a particular view of man, to a particular view of learning, I'm curious about whether that commitment affects the way you behave as a consultant.

Faust: I guess it does. Our competent consultants are advice giving at times and information giving at other times. There are consultants who maybe give nothing more than support. Our consultants behave in very direct ways with the people they are working with. Also, they work to enhance the process of learning how to learn, of how to explore and find one's own solution. Again, they are not afraid to give advice or information, which isn't so true for the counselor or therapist.

The Uses of Consultation: A Perspective

A Consumer's Point of View

The perspective of the person who uses consultants is often different from that of the person who offers consultation. The consumer is primarily interested in results rather than theory and process. His critical question might be, "Does it work?" An answer to the question would require some specification of goals and values.

In his paper, Young attributes the value assumptions of the public school system in America to the Hebraic-Christian ethic and the democratic faith. These two value sources lead us to a recognition of the worth of each individual and to an assumption of responsibility for the welfare of all persons in the society.

Using these two major commitments as points of orientation, Young proposes an ideal school model. Such a school would require a radically different organization and use of staff. It would focus on providing the environment, personnel, and equipment needed to help each child become a competent learner. Specialists would function largely as consultants within the school to assist the teacher in identifying learner characteristics which are related to learning and in removing stumbling blocks to learning.

It is clear from his discussion that Young expects the consultant to be an expert in problem solving as well as an expert in a particular problem area. At one point in the discussion, he asserted, half facetiously, that the one requirement of the consultant was that he have the right answers. An important distinction is made between the on-line administrator and the consultant who is employed to assist with a particular problem. Each may have the same knowledge and skills but only the consultant has the time and resources to find a solution to the problem. Unquestionably, time and resources provide the margin of difference that leads to resolution. The criterion by which the consultant's efforts are measured is whether the problem is solved in a satisfactory way. However important the theory, consultation model, or even process may be in realizing the goal, they are a means to a desired end and not ends in themselves to the consumer.

Effective Models of Consultation in the Schools: A Consumer's Point of View

George P. Young
St. Paul, Minnesota

As a consumer of the consultant's work with public schools, my interest may not coincide with that of consultants or of producers of effective consultation in the schools. Listening to the participants in this conference, it seemed to me that I heard at least two kinds of presentations on the problem of providing effective consultation:

1. Supporting a theoretical model of effective consultation.
2. Convincing a prospective client of his need for consultative services.

Both approaches have disadvantages and advantages. One appears to be the more righteous, perhaps, because personal gain is not an apparent element in it, but the other appears to be more practical and, perhaps, more helpful since both client and consultant stand to gain from it.

As the consumer of consultant services, my interest is in the products of consultation as much as and even more than, within limits, the processes. Certainly I am interested that the process be successful and the expected service be delivered. I believe that it is the responsibility of the consultant to come equipped with a process, or a variety of processes, designed to do the job assigned to him. If I felt compelled to justify consultant services as a legitimate exercise, I would distinguish between process and product, and I would emphasize the first. Should I be successful in convincing enough educators of the importance of that emphasis, perhaps I could justify the establishment of a university or college department that would study and pass on the secrets of process to students. I do not quarrel with the idea *if* the study and refinement of process could bring increased quality to the product. Yet, it seems to me, the consumer may have as much to teach about consultation as the theoretician.

A School Problem for Consultants

A description of an actual problem may be helpful here. The problem concerns the secondary schools of a large city school district.

The relevant factors are as follows:

1. The district is under order by the state board of education to desegregate two junior high schools and two senior high schools, each of which has more than a 30-percent minority student population. The latter is a violation of the state board rules and regulations on the desegregation of schools.

2. Secondary school enrollments are decreasing. It is necessary to decrease the number of secondary schools and to consolidate the student population in fewer junior and senior high schools.

3. The city has four six-year secondary schools which are combination junior-senior high schools. The district decided during the early 1950's to move from six-year secondary schools to three-year secondary schools.

4. A current construction program will provide two new high schools and one remodeled junior high school at the end of two years.

The concurrence of the four factors led the administration to suggest a plan by which all requirements would be met within the two-year construction period. The plan includes the complete implementation of the move from six-year to three-year secondary schools, consolidation of the decreasing student population in fewer secondary schools, and shifts of the student population to meet the state board of education rules for desegregation. A very important element in the situation is that nothing can be done until the construction program is completed, but completion is at least two years away. The interim period is available for community study of the problems, consideration of alternative solutions, and participation in the final decision making. However they are defined, the problems are citywide in scope; anything done in one school will affect all the other schools.

Each part of the community is up in arms over the projected changes. In two areas, people do not want the six-year secondary schools to be changed. Everyone agrees that desegregation should take place but few parents want their children to be included in the population shifts. Consultant help is needed because the school district administration is suspect. The community believes that the suggested community involvement is but a charade—that the administration has already made the decisions and, somehow, they will be carried out.

The requirements of or charge to the consultant in this case are fairly straightforward and simple:

1. The consultant should assist the community to define the problem.

2. The consultant should assist the community to determine a solution or alternate solutions to the problems.

3. The consultant should assist the community to present the

solution or solutions to the district school administration and board of education.

4. The consultant should make certain that the solutions meet the givens in the situation: (a) no school to have a minority population of more than 30 percent; (b) six-year secondary schools to be eliminated; and (c) secondary schools to be consolidated in accord with the expected decreasing enrollments.

5. The consultant should use a process or processes that will create community awareness and acceptance of involvement, and community recognition of the importance and relevance of that involvement.

The project is quite complicated, of course, but the task for the consultant is fairly clear. Yet, if he brings with him a variety of convictions or prejudices about public schools or institutions in general, his notion of the task may differ from that of the client. I believe that, before he begins, the consultant is obligated to inform his client of any fixed positions or convictions he may have that may affect his work so that the client will have a choice of either accepting or rejecting the stated positions.

A consultant's views on and beliefs about the purposes of institutions are of great importance to his working effectiveness and to the effectiveness of a superintendent of public schools. Both should face the question of the function of the institution in which they are working and each should arrive at some answers.

Functions of Public School Systems

In my view, the public school system is *the* institution fashioned by our culture to perpetuate the ideals upon which our society was founded. At the same time, the system should lead with vigor, courage, and enthusiasm in the exploration of ways to secure those ideals.

The body of thought from which the concept of the United States emerged contained deep-rooted values from a variety of systems but especially from two—the Hebraic-Christian ethic and the democratic faith. The Hebraic-Christian ethic proclaims the individual worth of every human being and the responsibility of all for the welfare of each. The supreme worth and dignity of each man is upheld without qualification; every man is of value simply because he is unique. If the individual is of unique value, then all members of society are equal and the welfare of all is everlastingly bound to that of the individual. Brotherhood, equality, and the essential unity of the races of mankind is a sublime principle of the Hebraic-Christian ethic.

The other value system is the democratic faith. Democracy, first of all, affirms the worth, dignity, and equality of the individual. The organization of the democratic society has as its purpose the welfare and full development of the individual; the realization of this purpose is the measure of the society's organizational success. Since democracy proclaims faith in the individual's ability, each person must have free access to information and education to develop his capabilities. Faith in the individual is based on the premise that he will act right and in accord with the common good. Historically, our democracy grew along with unparalleled opportunity for the common man. Political and civil liberties for all follow as a consequence of democratic faith. Respect for and reliance upon orderly process and law to change society are basic and profound.

The effectiveness of the public school system must be measured in terms of these values. Thus, criteria based on the values should direct decision making in our school system, and decisions and practices in the schools should be appraised in terms of the values. I suggest five such criteria, in the form of questions, to evaluate decisions made in the schools and the practices carried out there.

1. Does this decision or this practice lead to the establishment of the supreme worth and dignity of the individual?
2. Does the decision or practice advance brotherhood and the equality and essential unity of mankind?
3. Does it emphasize orderly process, law, and peaceful methods for settling disputes?
4. Does it emphasize basic morality?
5. Does it emphasize individual opportunity?

If the public school system is to serve its function in a free society, such questions must not only be asked but they must actually form the foundation for the existence of the public school as an institution. They are significant in anything and everything related to the public schools: from paddling children, assigning lessons, organizing instruction for equality of opportunity, to teacher preparation. Our public schools need teachers who are intelligent and wise and have character. When teachers are viewed against the value system outlined here and the criteria derived from it, the ideal ones are those who teach according to the ideals of our society, that is, they believe in and work toward the supreme worth and dignity of each student, and they are dedicated to the welfare of each student and his attainment of happiness, security, peace, and freedom. Such teachers seek to protect the rights and privileges of the individual, and they view individual differences as assets that contribute to the progress and prosperity of society. The evidence available to us indicates that teacher preparation institutions usually are not organized to provide the kinds of teachers described here although many of their graduates come into the public schools with the desired ideals. Other evidence indicates that, in general, the public schools are not organized to permit teachers with these ideals to function in accord with them.

What would the public schools look like were they organized according to our basic beliefs about the freedom and equality of men? Concern for the individual would require that *all* individuals be served in the public schools and that none be excluded. All children would be given the opportunity to succeed in school, that is, instruction would be completely individualized. The school's commitment to students would be to diagnose, prescribe, treat, and evaluate in a never-ending, never-completed cycle. The performances of all staff members would center on their responsibility for each child.

In the following section, there is presented a model of effective school organization for a free society. Some suggestions for effective consultation are implicit in this model.

A Model School Organization

Although, in this model, more attention is given to the problems of staffing than to those of instruction (the process), the purposes of staffing and instruction are focused completely on providing individualized services to the client children (the product). The model is realistic in economic terms, that is, it would cost no more to establish and maintain than current school operations.

For discussion purposes, let us assume an elementary school of 450 pupils. (If the number of children were larger, one would simply project the calculations accordingly; if the number were smaller, the model could not function successfully.) Assuming a pupil-teacher ratio of 25:1, the hypothetical school would be staffed by 18 teachers, a school principal, a school clerk or secretary, and some specialists, perhaps. Additional assistance would be provided by the central office staff just as it is at present.

A major problem facing schools today is the lack of specialized assistance. When specialists in reading, psychology, social work, music, art, physical education, learning disabilities, and so on are available to schools on an itinerant basis, they cannot meet all the demands for their help in any one school, as a rule. Most school buildings need some specialized assistance on a full-time basis, that is, available on call when it is needed. Under the present system of school organization and staffing, the assignment of full-time specialists to every school building is impossible.

In addition to specialized help, each school needs professional personnel of a more general nature, that is, personnel who can help a child along the way but who will, when special problems occur, turn to specialists for assistance. Each school also needs personnel to relieve the professionals of nonprofessional and noninstructional duties, such as clerks, assistants of one kind or another, certain technicians, and volunteers. Thus, in the ideal school, the basic staff would consist of the principal, office staff, personnel time assigned to the school out of the district central office, specialist and generalist teachers, instructional aides, clerks, and technicians.

What kinds of specialists and how many are needed in a school? This question can be answered only when information about the children who attend the school is available. If large numbers of Native American children are in attendance the needs will be different than if the student body includes large numbers of other minority group children.

For the hypothetical school, the following specialists are on the staff, full time: reading specialist, social studies-language art specialist, mathematics-science specialist, librarian-instructional materials center specialist, music-art specialist, physical education specialist, counselor-testing specialist, and computer-programing specialist.

Of the 18 teachers in the model school, 8 are specialists. The responsibility of each of the subject-matter specialists is to oversee the preparation, procurement, and presentation of their subjects or special areas. These specialists are also responsible for the progress of students with learning problems in their areas. The music-art and physical education specialists are responsible for much or all of the teaching in their areas.

Each generalist in the model school is assigned 60 pupils. His major responsibility for all his working time is to oversee the learning of each assigned pupil. He will generally have no or very little responsibility for the preparation and presentation of instructional materials. His obligation will be to know how each student is progressing, to keep track of the educational needs of each, and to call for specialist help whenever it appears needed. The generalist should be a person well grounded in child development and theory of learning, as well as a person with a liberal education.

Now, the role of the teacher, generally, is to teach—to present materials to be learned. In the model, this role is changed to that of making certain that each child is learning. Therefore, the burden of presentation of materials to be taught, which is now a major burden for most teachers, must be lightened. Programed instructional materials, which are self-instructional or tutorial in nature; television instruction, which is mainly total instruction; teaching machines; computers, and other media of instruction are an integral part of the model school. The function of the technology is to give teachers more time to interact with children, the opportunity to observe children engaged in the process of learning and so to discover difficulties as they occur, and a way of keeping close track of each student. The purpose of the technology is to humanize education, that is, to free teachers to work with children.

In a sense, the equipment and hardware become members of the teaching team. The computer, particularly, is most valuable. For example, the computer is given information about each program of instruction, each child, and what it takes in terms of general ability or reading skill, or whatever, for a child to be successful in moving from one level of instruction to another. Each evening, while the staff is away from the school, the computer can print out the next day's schedule for each child and each teacher based on the needs of the children and the available time. Of course, these schedules, and any other information which the computer may give for any individual, are checked by the teacher who knows the child. The teachers must remain in control, but their control is enhanced with the help of the machinery.

Thus far, of the 18 equivalent full-time professional positions available for the hypothetical school, we have 8 specialists and 8 generalists. There are, therefore, two equivalent full-time professional positions yet available. If it is assumed that two clerks or teacher aides can be hired for the cost of one teacher, we then have four such positions which can be filled. These personnel could be additions to the clerical and aide personnel already assigned to the school by the district. The kinds of people hired, however, depend on the need and desires of the professional staff.

At least two factors must be considered in making assignments for the children: (a) the assignment of learning tasks, and (b) the assignment to a generalist teacher.

Since students change from day to day, their assignments or schedules should also change. In the model school, schedule changes for each child, or movement from one level of instruction to another, are made on the basis of changes which have occurred within the child. The child is the key. The experience of the child may be in at least two phases: (a) observation and evaluation, and (b) presentation with materials to be learned.

1. During the first phase, data are gathered about the child and ways to meet his educational needs are formulated. This phase, for some children, may not last very long, but for others, it may stretch over periods of months. The observation phase may occur more than once during his school career.

2. During the second phase, the specialist staff decides on the materials, methods of presentation, and learning experiences for each child. The generalist oversees the learning progress of each child.

Obviously, the staffing pattern requires that much of the presentation of materials to be learned must be made by machinery or some means other than a live teacher. When teachers, generalists and specialists, spend a major portion of their time on and with the children, the task of materials presentation must become more efficient than it is at present. Everything possible should be programed into the computer or presented via television, video tape, or self-instructional means to make it possible for the professionals on the staff to work directly with children.

The use of devices to present materials to be learned, and the addition of specialists to the staff of the school, should also permit more staff time for parent conferences than is presently possible. For example, when a parent comes to the model school, he might go to the principal to ask about his child. The principal would simply dial a code number and there would appear on the computer screen the child's profile showing his measured ability, progress in each area of learning, and any other relevant information. The principal could inform the parent about the child and his progress. Should the child have a problem, the principal could call in the generalist assigned to the child to discuss his general learning habits and established patterns, or the counselor-testing specialist to explain in more detail the test information on the child, or the specialist in the area in which the child's problem is centered.

Each group of 60 children assigned to a generalist would be as heterogeneous as possible with no, or very little, regard for grade placement, age, race, ethnic background, religion, and so on. Since the goal of the school organization is to individualize educational programs, grouping children in relation to learning progress or any other arbitrary criterion is unnecessary. However, the needs of individual children and the imperatives of efficiency demand that children assigned to different generalists be grouped together for instruction by program specialists. However, the primary assignment of each child is to the group of 60. Children may move in and out of the groups but, essentially, each group remains the same with the same generalist teacher throughout the children's years in the school.

What is the role of the consultant implicit in the description of the model school? As a consumer of consultant services, I see a variety of roles, or services, to be provided.

The first expectation is that the consultants involved in such an undertaking would achieve an understanding of the goals toward which the model school is to work. The consultants' understanding must include insight regarding the meaning of "model," that is, the necessity that the model school provide a direction which other schools in the system will follow.

The consultants' understanding will make explicit the various services needed. Following understanding, it is probable the first need is for assistance to the superintendent, or consumer, in defining those services.

A list of services needed could include the following:

1. A statement of ultimate purpose.
2. An initial list of services needed, assuming revision as time goes on.
3. Definition of terms such as specialist teachers, generalist teachers, overseeing learning.
4. Refinement of the vague description of the model school to much more specific descriptions of the staffing, organization, job descriptions, equipment, materials, space required for the school.
5. Organization of workshops, seminars, and other kinds of sessions to prepare people for work in the school. Community members and students would also need preparation for the school.
6. Design of evaluation systems to measure the effectiveness of the school and the success of goal attainment.
7. Proposal writing to procure "outside" funding to assist in the development and implementation of the model school.
8. Development of techniques to assist in using the model and, assuming success, in influencing change in other schools in the district.

The list is certainly not exhaustive, but it does indicate what a consumer has in mind for the consultant, the needs the consumer feels the consultant is able to fulfill. I suppose when one gets down to it, the consultant has three major services to provide:

1. Help define the problem.
2. Help find solutions.
3. Help implement the solutions.

These notions are supported by a study recently conducted by the Citizens' League of Minnesota.

The Role of the Consultant

In a recent publication[1], the Citizens' League of Minnesota listed guidelines for the consumers of consultative services. The starting point was to improve their understanding of how decisions are made. Thus, they considered first the various stages or increments in the decision-making process and second, the roles in decision making performed by, for example, paid consultants. Four stages of increments in decision making were identified as follows:

1. *Defining the problem that needs to be solved.* The authors felt that this stage, the first in the decision-making process, is often unconsciously deleted. The tough question to ask is, "Just what is it that is the problem here?" The questioning must not lapse when consideration of alternative solutions begins; rather, it must be asked over and over, refined and redefined, up until the decision is reached.
2. *Researching ways to solve the problem.* Alternative ways of solving the problem must be identified and evaluated.
3. *Making the decision.* The decision-makers within the agency make the decisions, although the basis for them may be provided by outsiders through such forms as citizen input, consultation, or advocates for various views. Broadly speaking, this stage is a continuation of problem solving.
4. *Implementing the decision.* Depending on the kind of decision made, implementation may require some particular expertise or skill which can be provided on either a staff or consultant basis.

These four stages are opposed to the traditional method of using consultants—purchasing a "study" that concentrates on solutions and recommendations—in which too little attention over too short a time is given to defining the problem.

According to the report, there are three ways in which consultants can provide services to the consumers. They are as follows:

1. To assist in defining and redefining the problem in the attempt to identify alternative solutions.
2. To assist in determining the alternative solutions to the problem.
3. To assist in implementing the chosen solution.

The major role for consultants, according to the Citizens' League, is to assist in problem definition. I certainly agree. My agreement is based on years of experience, many years ago, as a teacher of mathematics. Success in mathematics is based on three factors: (a) One must know that a problem exists. (b) One must be able to define the problem. (c) One must seek and find a solution to the problem. The arena of public policy making is much more complicated than a mathematics classroom but the same elements seem to be applicable. The complications include the multiplicity of ways there are to define and solve the problem.

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[1] *A better role for consultants*, April 1974. Copies can be obtained by writing the Citizens' League, 84 South 6th Street, Minneapolis, Minnesota 55402.

Five additional reasons can be given for seeking consultative advice and assistance, although I am sure other people would probably list more or others.

1. Expertise is needed to help solve some problem which is already defined.
2. Information is needed.
3. Guidance and counsel are needed.
4. Training is needed to equip a staff to do something.
5. Specifications for something are needed.

If a model for effective consultation is to be a model for changing systems, then these notions are quite important.

In listening to the various views on effective models for consultation expressed in the discussions by consultants and teachers of consultants, I have heard some say that the consultant has a responsibility that may go beyond the perception or even the desires of his employer. Of particular importance in this regard is the question, "Who is the client?" For example, when a consultant is hired by a superintendent of a public school system, is the superintendent or the students of the system the client? Some consultants see themselves as children's advocates despite the fact that their employers may not so regard them.

From my point of view as a consumer and as an administrator of public schools who hires or approves the hiring of a fairly large array of consultants, I could not conscientiously deny any consultant the possibility of disagreeing with my administration. Nor could I deny the possibility that the consultant might develop a deep feeling of compromise which places him in an impossible situation. In those cases, it seems to me, the consultant has only one honorable recourse: to present the case completely to his employer and to try to arrive at some resolution of the dilemma. If that procedure is not productive, the consultant should either decide that the money is more important than compromise and continue his work, or he should resign. Should the consultant decide to resign, he is free to do as his conscience dictates, that is, to arouse public attention, enlist supporters, or run for a seat on the board of education to redress the wrong that he thinks is being committed.

A school administrator's value lies in his ability to change the system so that it approaches more and more closely the expectations for the public school system in a free society. Because consultants provide significant assistance to school administrators they should have the same value. The assistance should include but not be limited to guiding and counseling administrators, gathering data for them, helping them to communicate, leading them to develop insights into and understanding of problems, and equipping them with strategies to optimize their performances.

If a consultant is able to perform in this way, should he be the administrator? Perhaps. But there is a significant difference. When a consultant is hired, the expectation is that he will spend all or a significant amount of his time on the task for which he was employed. The consultant sets aside his daily routine and other demands on his time and energy to give the thought, creativity, energy, research, and all else that is needed to work in the problem area. The administrator, on the other hand, does not have such options for the use of his time and energy.

Assuming still that the objective of the consultant, as of the school administrator, is to bring about change, a consideration of successful change is required. It seems to me that successful change moves the system closer to its ultimate goals in ways that can be documented. Successful change is lasting change. More importantly, it allows the system to recover from the pain and trauma of change and to go on and prepare for the next changes. Attempts at change that polarize, destroy, and impede recovery violate the very values the public school system is supposed to model. In other words, the means to the end really are or should be part of the end itself, a model of the change the means are meant to bring about. It is not enough for a consultant to be concerned with the goal of change; he must also be concerned with the process that will lead to achieving the goal.

Discussion

Question: In your triad of school administrator, community, and consultant, Dr. Young, I wonder whether you are trying to put the administrator in the position of a consultant and to hire a consultant who will act as a mediator?

Young: It is possible. The consumer takes a very simplistic view, you know. A system hires many persons who are called consultants but do not necessarily engage in the process which other people would call consultation. Much of the time, so-called consultants are hired to act as trainers. In our school administration-community situation, however, the employed consultant will be required to engage in a consultant type of process along with a training process and the gathering of data and information. The administrator's role will be to stand clear and see what happens; he will not be the mediator. The consultant may have to assume that role also.

Question: Why was the decision made to have the consultant work with the community rather than with the school administration to restore its credibility?

Young: We hope that the consultant will do both. The problem is that some members of the community do not believe that the administration will attempt to organize for community involvement or they believe that if the administration does so organize it will result in nothing but an exercise in futility. If the consultant begins to have an impact on the community, he can continue his activities without destroying his credibility with the community and, at the same time, relay what he is learning to the administration.

Question: I am interested in the process you use in choosing a consultant. How do you decide to get a consultant? How do you decide whom to get? How do you set down a contract with that person so everybody understands what he is to do?

Young: I listed a number of reasons why consultant service would be required in my paper. When any of those or perhaps any of a dozen other reasons is present and it becomes apparent to the administration that the staff cannot do whatever is required, a consultant is called in. The staff may have the expertise or the competence but not the time. A consultant may be preferred because he may be able to provide a new perspective on the problem. Perhaps the problem may be that it is not the problem we think it is but something different. In our situation, the problem, perhaps, was that we did not get the community organized into groups to seek solutions; perhaps the problem is our credibility with the community group. Whatever the reason that surfaces or becomes known, at that point the decision is made: We need some outside help.

The best way to choose a consultant is through the personal knowledge or experience of someone in the system. Over many years of using consultants one builds up a bit of experience with and knowledge of various kinds. Often, too, consultants will tell us, "For this kind of problem the people you really need is this group over here or that one from Chicago." But the selection of the consultant is made through a variety of processes, including those which I have just mentioned.

The contract determination—"What is the charge to the consultant?" "What is the statement of the problem?" "What do you expect from the consultant?" "What does the consultant expect from us?"—comes from a meeting or a series of meetings involving (depending upon the problem or its area) the superintendent, other staff, and consultant. Quite often, the superintendent does not get involved at all. The process is one of discussion and, at first, the determination of the problem. Very often, through the discussion, the definition of the problem is changed because of what the consultant has brought to the process.

Question: You characterized what you would represent as the ideal school in a democracy. What do you think are the obstacles to changing school systems to attain that ideal?

Young: I think that the major obstacle is the lack of knowledge of how to do it. We have not been trained nor have we had experience in putting together such a model ourselves. Going beyond that, we have not yet been able as a country to answer the very fundamental questions which were raised a couple of hundred years ago. The fact that we are still struggling to answer some of those questions indicates that a major hurdle in organizing the public school in a democratic manner is the lack of knowledge, experience, and, perhaps, wisdom as well. Another major hurdle is inertia. Some of us may gain the requisite knowledge, insight, wisdom, or judgment but we are blocked by the inertia of others. It is difficult to stop what one is doing and start to do something entirely different. Some people would say that finance is a major hurdle, but perhaps it is not so much of one. Some of the questions that I had about the Houston system had to do with its expense. It is entirely possible, however, that by not doing some things you cover the expense of doing new things.

Comment: The consultant often seems to be involved in extremely difficult problem-solving situations. The more routine and everyday kinds of problems are generally taken care of without recourse to consultation. I think that that's an interesting point to have emerged over these last three days.

Young: Indeed, it is the difficult problems that require some outside assistance. A consultant provides new resources which can be used by a school administration to resolve the very complicated problems.

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